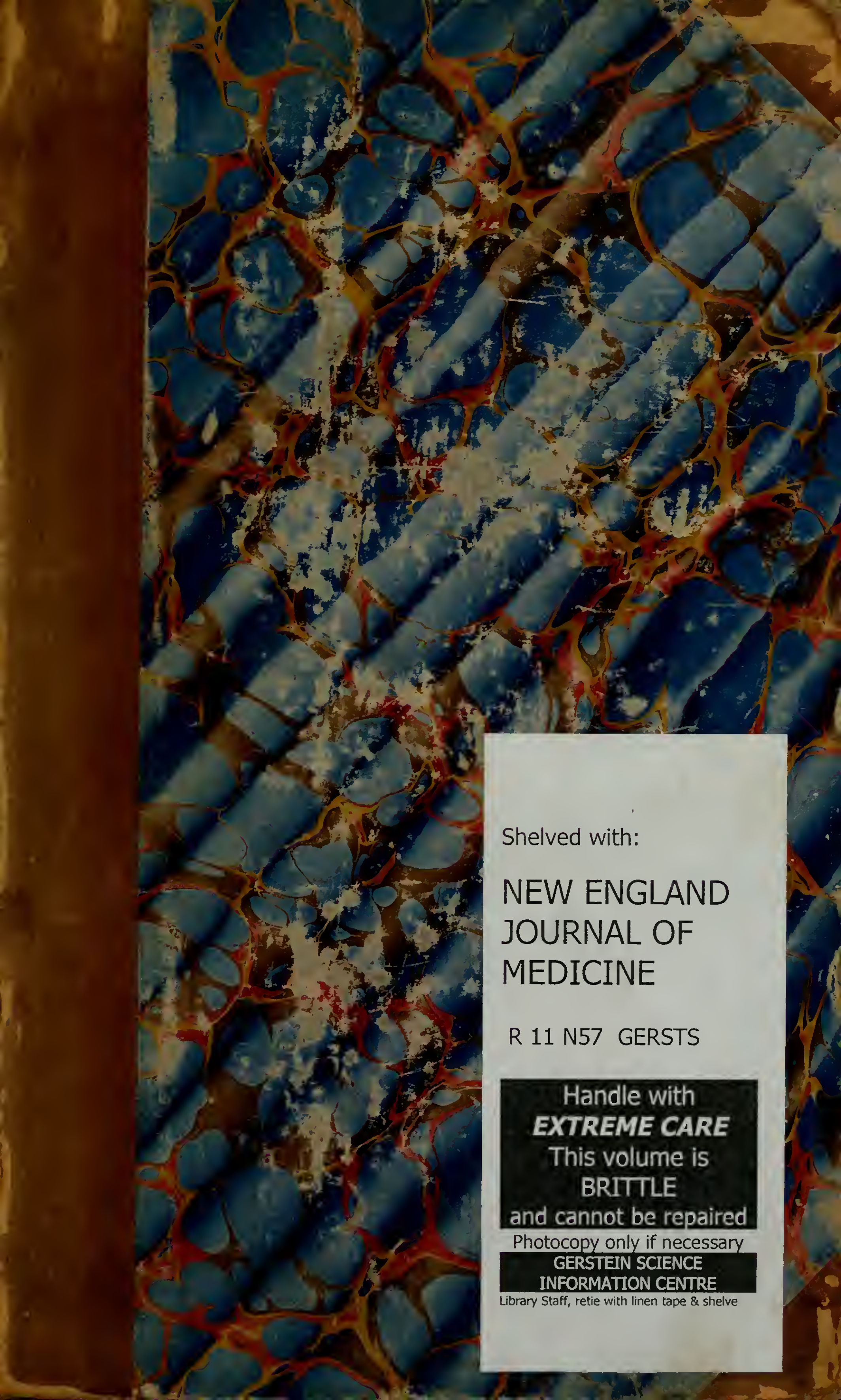

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THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

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Vol. XX. Wednesday, February 13, 1839. No. 1.

ON DISEASES OF THE JOINTS.

FROM MR. LISTON'S LECTURES AT THE UNIVERSITY COLLEGE HOSPITAL.

Excision of the joints, said Mr. Liston, was an operation which had been practised, he feared, rather indiscriminately, in cases where, perhaps, complete rest might have saved the patient the suffering and risk of an operation; or again, where the disease was so far advanced that no hope of recovery from this operation was left. It was, however, a highly advisable and successful proceeding in many cases. There was, generally speaking, little difficulty in effecting the disarticulation, the ligaments being almost destroyed; though, in the case of the elbow which was operated on the other day, there was a great deposit of new bone round the diseased part, with a condensation of the soft parts, which rendered the proceeding somewhat more difficult than usual. This deposit of new bone, as he had already remarked, would disappear by absorption after the ulcerated and unsound articulating ends were removed; further, it was not at all necessary to interfere. Young subjects might, after excision, recover some useful motion of the elbow-joint; the muscles of the neighborhood formed new attachments, new ligaments were formed, and bone deposited. This was not to be expected in the adult, in whom it was a safer and better plan to endeavor to obtain a stiff joint at the most favorable angle.

Disease of the Shoulder-joint was of less frequent occurrence than any of the others. This disease was indicated by wasting and weakness of the affected limb; indeed, in the primary stages of the affection, the weakness was the only sign to lead to a supposition of the real state of the case. You would find the deltoid, supra spinatus, and other neighboring muscles, wasting away without pain or much annoyance to the patient, except when the joint was moved, so as to bring the articulatory surfaces in contact. The limb became loose in consequence of the ligaments being softened, and there was great latitude of motion in every direction. Unless the progress of the disease was soon checked, it rapidly gained ground. The disease generally commenced in the synovial membrane, and then ulceration of the surface of the bones forming the joints took place. In the first stage of the complaint absolute repose of the limb, by means of a sling and a splint, formed of thin skirt leather, was the proper proceeding. When pain was present, counter-irritants were to be employed, and repeated blisters, formed by means of the nitrate of silver, was one of the most efficient means of carrying this into effect. An issue might be formed on each side of the joint, by imposing a bit of potassa fusa, the size of a split pea, and confining it by a bit of lint and plaster for a few hours. This was quite as efficient and much less appalling and painful than the actual cautery in any form, moxa or other. Peas were not necessary, as dressing the part with ointment of tartarized antimony, when it was likely to heal, for an hour or two, was quite sufficient to refresh it and restore the discharge. The patient's health must also be looked to, and the preparations of iron were among the most useful. The disease, however, would frequently go on in spite of every plan, or the patient might not apply sufficiently early to carry these proceedings into effect; not coming under the eye of the surgeon until matter had formed in all directions, and the joint had become thoroughly disorganized. In such a case as that, means must be taken to remove the cause of the local disturbance; and as it would be cruel, under such circumstances, to amputate the limb, the operation of resection should be resorted to. This operation had been practised by Messrs. Bent, Orred, Moreau, Morel, Syme, and himself. Mr. Blackburn had alluded to the cases which he (Mr. L.) had treated, and complains that he could procure no satisfactory account of them, so that he might render them available in his paper. As he (Mr. L.) was settled in London at the time the paper was written, he felt rather surprised that no application had been made to him for the particulars, both of these and the operations on the elbow and other joints, which he would have willingly furnished. He had performed the operation on the shoulder three times successfully, and the parts removed were before them. The operation of excision of the shoulder was one which must vary according to the extent of the disease. In some cases it was sufficient to remove the head of the humerus; while in others, portions of the scapula must be taken away. In some cases the glenoid cavity was sound, but the end of the acromion and clavicle required excision. It was done in this case by means of the cross-cutting forceps, with difficulty; the saw could not be well employed in this part of the operation.

Disease of the Foot.—The great toe was very frequently diseased; the smaller toes were not nearly so often affected; he had seen, he should think, not more than ten or twelve cases of disease in the small toes during the last fifteen years. The great toe was much more exposed to injury than any of the others. The disease commenced either in the bone itself, or in the articulations; and here were a great many specimens in which it had taken place in the metatarsal bone. Sometimes it commenced in the bone, and implicated the joint, while it often, again, commenced in the articulations, and, most frequently, in that one between the metatarsal bone and phalanx. Here is a specimen removed a few days ago from an unhealthy lad, in whom swelling and pain on the inner part of the foot came on without any assignable cause, and a collection of matter formed. He (Mr. L.) suspected, at first sight, that the bone was diseased. The abscess was opened freely, and on introducing a probe, some days afterwards, it was found to pass into the cancellated structure. The disease, as they might perceive, lay betwixt the head of the metatarsal bone of the great toe and the internal cuneiform bone, which was also extirpated. Here was a specimen of necrosis in the same situation.

He had already stated that he had seen the metacarpal bone of the thumb removed, the organ being afterwards useless. The metatarsal bone of the great toe had also been taken out; amputation, he was now fully convinced, would have been a more advisable proceeding—one attended with much less pain. Generally speaking, the entire of the part diseased, and a portion of the sound bone beyond, should be removed. The amputation might be performed at any of the articulations; or, again, it might be necessary to divide the bone in its middle, as in the disease in the metatarso-phalangeal joint. The removal of the whole of the metatarsal bone was frequently rendered imperative. Even the bone supporting that, the internal cuneiform, as they had witnessed, circumstances might demand the removal of. The cutting forceps introduced by him (Mr. L.), many years ago, into the surgical apparatus, afforded great facility in many of these operations. The sole of the foot and palm of the hand, when the use of this instrument was well understood, did not require to be encroached on, and hence there was much less trouble from hæmorrhage, the plantar or palmar arches being generally uninjured.

There was often very extensive disease of the foot, involving the entire chain of bones running across it, the whole of the tarsal bones, or the articulations between them, becoming affected, from which it sometimes became necessary to remove the foot by Chopart's operation. Again, the disease might only involve one bone, as, for instance, the cuboid, or os calcis; and in some cases the joints were untouched, though, generally speaking, they were more or less affected. A common seat of the disease was in the articulation between the astragalus and os calcis, and this soon spread to the other bones and joints of the foot. In this case (showing a recent specimen) it is probable the disease commenced in the bone—the os calcis, as could be observed, was a mere wreck. It was in the synovial apparatus betwixt the bones, on the other hand, that the disease in the patient Tuck seemed to have originated. Disease of these parts, like that in other joints, soon involved the neighboring parts. In this case there were swelling, pain, and inability to use the limb; abscesses formed around; these burst, forming a number of sinuses, which ran across the joint, and led to the bones. In one of the cases in question, the abscesses appeared betwixt the tendo Achillis and the bones of the leg. Rest, counter-irritation, and supporting the patient's health, is the plan of proceeding in the early stages, and this must be for a long time persevered in. It was well to make the patient walk about, resting upon the knee, on a wooden leg, instead of using crutches. In advanced cases any plan was often unavailing, the knife being at last required. When this was determined on, it would remain to be considered what would be the best plan of amputating, and this would depend, in a great measure, upon the means which the person has of getting proper apparatus. Now and then, however, in diseases of the foot, the member might be saved by a partial removal of the bones, as when the disease was situated in the cuboid bone, or calcaneum. An incision, to effect this, should be made in the external parts, and the diseased portion removed by a small trephine, scoop or forceps. Sometimes a carious cavity had to be dealt with, and occasionally portions of dead bone might be taken away, with a fair prospect of permanent recovery. One or two such cases had been so treated in this hospital. Resection might be resorted to occasionally, even where the tibio-tarsal articulation was affected. He had performed this operation several times when in the north. He had, indeed, removed the whole of the ankle-joint, successfully, in two instances; the only inconvenience arising from the operation consisted in the limb being rather shorter and the joint stiff. He had seen those two individuals walking stoutly and well, many years after the operation, and they might be forthcoming yet perhaps. In cases of accident, where the end of the tibia, sometimes with the fibula and astragalus, had been thrown out of their place, the removal of the protruding portion was, as they must be aware, an advisable and successful proceeding, and one which had often been practised by many good surgeons, as Park, Gooch, Hey, Sir A. Cooper, &c. &c.

They had lately witnessed a very rapid recovery after the removal of more than an inch and a half of the articulating end of the tibia. The circumstance of the fibula being entire or not (and it seldom did escape in this injury) had a considerable influence on the cure, as regarded its rapidity and the usefulness of the member. The diseases of the knee and hip-joints are still to be considered.

PHLEGMONOUS INFLAMMATION OF THE ABDOMEN.

(Communicated for the Boston Medical and Surgical Journal.)

H. G. H., of Spencerport, of a bilious sanguino-phlegmatic temperament, the bilious predominating, a man naturally of strong mental as well as physical powers, but whose constitution had been somewhat impaired by repeated and severe attacks of bilious disease, by trade a carpenter and joiner, had been engaged for about six weeks previous to being taken sick, in a Methodist protracted meeting, of which he was a class-leader. He was subjected through the day, and usually till 10 or 12 o'clock at night, to a heated and crowded house, with great mental and physical excitement, and would then go out in the chilly night air, and walk a mile. Being naturally quite fleshy, his system was kept constantly on the brink of disease. When taken down, he was engaged in painting over head. First complained of languor and lassitude, followed by chills and flashes, with slight pain and soreness in the right iliac region. On examination discovered ecchymosis, or a black and blue spot, directly over the seat of the pain. Sent for a physician, Dr. Washburn. This was Tuesday, April 24th, 1838. Dr. W. came and bled him; administered a large portion of calomel in divided doses, followed with salts and senna, after the operation of which, he was put upon a solution of emetic tartar, in nauseating doses, alternated with spt. nit. dulc.

and Dover's powder. The bleeding was repeated the next day, with a calomel purge the day following.

This course was continued, save the bleeding, till I saw him on Sunday, the 29th. Kept him upon the same through the day, considering what had been done highly proper and efficient. At this time there was a general tumefaction over the bowels. Complained of excruciating pain on the passage of physic; in fact, blood and mucus, in considerable quantity, passed from him, attended for a day or two with almost an entire suppression of urine; what little did pass was high colored, thick and muddy. On Monday we put him on deobstruent doses of calomel once in 4 hours, Dover's powder, with an increase of opium to allay the severe pain in the bowels; sul. nit., spt. nit. dulc., mucilage gum arabic, as diuretics. On Tuesday night discovered the gums were slightly touched. Followed the next day with salt and senna, giving just before the operation a dose of the antimonial solution, so as to induce severe nausea, which was followed by vomiting and purging, in immense quantities, of a dark, grumous, bilious matter, surpassing in quantity anything I ever saw before. At this period there seemed to be a breaking up of the disease. The coat began to peel off the tongue; urine abundant and of natural color; perspiration free; in fact, all the secretions became free and abundant, with quite a strong desire for food the day following. We now anticipated immediate convalescence. The disease had been looked upon as a bilious fever of the remittent type, by Dr. Washburn and myself. There was an exacerbation of fever night and morning, complicated with congestion of the walls or parietes of the abdomen, and there had been constantly more or less tumefaction, which at this time subsided, with the exception of a tumor about the size of an inverted tea-saucer, in the situation of the ecchymosed spot.

From this period convalescence stopped; the patient complained of great pain in the tumor; the pulse became quick and wiry; no desire for food, with sickness and nausea. On Friday, my friend Dr. Edson, of Scottsville, saw him in council, and considered the tumor to be phlegmonous inflammation; thought it might be discussed, but that no matter would form; to effect which, he advised to keep up a slight mercurial action with the blue pill; the other medicine the same; and in addition to the poultices which we had applied from the first to the tumor, an ointment of 1 drachm of iodine, 10 grs. per chloride mercury, 1 oz. lard. He remained much in the same state till Monday following, when by throwing off the clothes from him, or some other cause, there was a sudden and violent increase of the inflammation, with a change of place; the tumor now extending as high up as the ribs, and involving the whole umbilical region. At this time Drs. Edson, from Scottsville, and Elwood, from Rochester, saw him. They now thought suppuration would take place; advised to continue the same course, with blistering. A blister applied. From this time the patient grew worse for a few days; excruciating pain; the pulse quick and wiry; the coat again peeled from the tongue, leaving it dry and parched, and of a fiery-red color. We now looked on the case as fatal. But in a day or two the most alarming symptoms subsided, the pulse became slower and softer, the tongue moist and slightly coated, the fever greatly abated, with perspiration, sometimes profuse. He still complained of constant and severe pain in the tumor. From this time forward warm mucilaginous poultices were constantly applied, principally slippery elm; his bowels kept open with gentle cathartics; sal. nit., spt. nit. dulc., crem. tart., mucilage gum arabic, were alternately given at regular intervals, with Dover's powder on a rise of fever, and constantly at night, with an increase of opium to procure rest from the harassing pain.

On the 28th of May signs of suppuration came on, chills and rigor, with a slight abatement of pain; evident fluctuation was soon perceived. And now there was great anxiety with patient, friends and neighbors, to have the tumor opened, as a great deal of alarm and fear had been entertained that when suppuration took place, it would break the inside and produce certain death. This result was predicted by a physician, who said he had known a case of the kind. I tried to disabuse them of these fears. As far as my limited knowledge extended, no case of the kind had ever been reported; for it is an established law of the animal economy that all formations of matter tended to the surface, and when they opened of themselves it was always externally; therefore no fears need be entertained. But such anxiety was manifested, that on the 4th of June I made an incision into it, probably to the depth of one and a half inches, through the sound flesh. A small quantity of matter followed the instrument, but no more. The operation, for a day or two, seemed to aggravate the symptoms, as I have seen it in case of inflamed breast, where an opening has been made too early, for the sake of quieting the woman. A tent was inserted in the wound to keep it open. On the 7th day from this, the 11th of June, the tumor was at its largest size.. From one iliac region to the other, it measured about 8 inches, from the pubis to the epigastric between 7 and 8. By inserting a probe into the opening, to the bottom of the abscess, it was 4½ inches. On enlarging the opening, by a new incision, matter flowed freely; the precise quantity not known, but supposed to be a number of pints.

From this time the tumor decreased, and he convalesced rapidly. On the 27th of June I saw him the last time; found him 1 or 2 miles from home, the tumor entirely subsided, save some induration of the parts about the navel, opening almost healed. Soon went about his business.

I send this imperfect report of (to me) a rare and interesting case, never having seen one or the report of one just like it. Dr. Elwood never saw but one, and that proved fatal. Dr. Edson never saw one just like it. These men have practised in this county more than twenty years, and are acknowledged to be the best in it. Will you or some of your numerous correspondents make strictures on the above, as I am young, have but just learnt my alphabet in medicine, and wish instruction. Yours, very respectfully, George P. Howard, M.D.

Adams Basin, N. Y., Jan. 22, 1839.

ANTIQUITY OF LITHOTRITY.

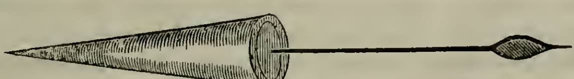
[Our readers cannot but be interested in the following communication from the venerable and celebrated Dr. Coxe, of Philadelphia. His name carries us back to the days of Rush, Wistar, and other great men in the science of medicine, who were ornaments to the age in which they lived. It rarely happens in these times that physicians evince that laborious research after knowledge which characterized those distinguished pioneers in medicine on the Continent of America. The construction of the paper from Dr. Coxe brings to mind the character of the old school of medical philosophers—they were indefatigably persevering in the pursuit of truth.—Ed.]

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the No. of the Boston Medical and Surgical Journal of January 9th, page 361, is an interesting paper, headed "Documents in the History of Lithotrity, principally among the Arabians," &c. In it we find a passage cited from Albucasis on the subject, as seems to be inferred, from an edition of 1519 of his "liber Theoriæ *rec* (nec. qu.?) non practicæ."

I have never met with the work in question, but have two editions of his work on Surgery—the one entitled "Albucasis Chirurgicorum omnium Primarii, Lib. tres," in fol., printed at *Argent.* (Strasburgh, I believe), an. 1532—together with the four books of Octavius Horatianus on medical subjects, and both apparently translated into Latin by Heremannus; the other, printed at Basil, 1541, is edited by Hieronymus Gemusæus, in connection with several other ancient writers on different subjects relating to medicine. This is also in Latin, and fol. form. Both of them contain, under the head "de extractione Lapidis," ch. 60, the quotation given in English by you from J. Channing's translation; and as it may interest your readers to see the Latin version of the above old editions, I copy it out, at least of one of them, for they differ slightly from each other; neither of them, however, terminate as in the English, with the pious ejaculation there given, nor is their division of the different sentences, respectively, the same; nor do the figures of the instrument employed, correspond with that given in your Journal.

"Quod si lapis est parvus, et sit in meatu virgæ, et figitur in eo, et prohibet urinæ exitus: tunc cura ipsum ea ratione quam exposui antequam pervenias ad sectionem. Multotiens enim fit per hanc curationem ut nihil opus sit sectione. Ego enim probavi illud; necesse est antem ut accipias perforatorium ex ferro alfelud (*alferico*, alter) cujus hæc est forma.



The figure in the other copy is nearly the same, but better executed and more ornamented.

Triangulatæ extremitatis acutum fixum in ligno. Deinde accipe filum, et liga cum eo virgam sub lapide ut non redeat ad vesicam. Deinde intromitte ferrum perforans in virgam cum facilitate, donec perveniat perforatorium ad ipsum lapidem, et revolve perforatorium manu tua in ipso lapide paulatim, et coneris perforationem ejus, donec facias ipsum penetrare a parte altera. Urina namque absolvitur statim, deinde preme manum tuam super illud quod remansit ex lapide ab exteriore parte virgæ. Ipse enim frangitur, et egreditur cum urina, et sanatur infirmus. Si autem non succedit hæc curatio propter aliquid quod prohibet ab illo: tunc liga filum sub lapide, et filum alium supra lapidem. Deinde seca super lapidem in ipsa virga inter duas ligaturas. Deinde extrahe ipsum, postea solve ligamentum, et mundifica sanguinem congelatum qui fit in vulnere. Et non est necessarium ligamentum fili sub lapide, nisi ut non redeat ad vesicam, et ligamentum aliud desuper, nisi ut quando solvitur filum post egressionem lapidis, redeat cutis ad locum suum, et cooperiat vulnus : et propter illud necesse est tibi quando ligas filum superius, ut eleves cutem ad superiora, ut redeat exempto lapide in locum suum, et cooperiat vulnus sicut diximus."

It is obvious, from the whole of this extract, that the process of terebration directed refers to a calculus in the urethra, and not in the bladder—as the *first quoted* passage in your paper would more directly indicate. I should, however, desire to see the original, since I can scarcely imagine so interesting a direction would occur there, and not be renewed in this especial chapter of the Surgery *de extractione Lapide,* in which the operation is detailed. I cannot find, in any part of this work, a hint of any kind that would lead to a suspicion that lithotrity was by Albucasis supposed applicable to the stone in the bladder itself. Something like an idea of this nature appears, however, to have impressed itself on the mind of Marianus Sanctus, a celebrated Italian surgeon, who wrote a "Compendium Chirurgiæ," which was published at Venice, and subsequently (1555) at Tiguri, in a collection of surgical writings, entitled "De Chirurgia Scriptores optimi quique Veteres et recentiores, plerique in Germania antehæ non editi, nunc primum in unum conjuncti volumen."

In this work of Marianus, amongst other treatises, is one entitled "Libellus aureus de Lapide vesicæ per incisionem extrahendo ;" and another, "de lapide renum et vesicæ Libellus"—in the last of which, after speaking of the stone, and its symptoms, &c., among other observations is the following (p. 182). "Verum si quis modus erit lapidis in vesica frangendi, vel solvendi sine nocumento et periculo, experientia comprobatus, diectur in uostro commento, quod in tertio à capite ad pedes usque Avicennæ componemus, sub quo indicans ratio, et experimentum alliciens merentur." I cannot find the comment to which allusion is made, and therefore know not to what it amounts. I have looked into Avicenna, but discover nothing allied to it in those parts of his work which treat of the stone ; it would, nevertheless, appear, from the extract I have given, that the subject had been considered, if not carried into effect, by Marianus ; and I regret therefore that I have nothing to direct me further in its research.

If this communication is adapted to the nature of your excellent Journal, it is much at your service ; if not, it has not been altogether useless to me in the research it has led to, for I have lighted on some other topics of much interest, in the works of the old writers who are herein named. I am, very respectfully, your obt. servt.,

Philadelphia, Feb. 1, 1839. JOHN REDMAN COXE.

P. S.—I have copied the above as we should now write the words; in the old authors, it is usual to have many contractions, and to write the letter *v* as an *u*, almost uniformly, which renders their works at times somewhat difficult and obscure. J. R. C.

ABUSE OF CATHARTIC DRUGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A remark of yours in the Journal some time since fell under my observation, concerning the abuse of cathartics by *sailors*. I am led to think that they are not the only class to whom your remarks would apply. Let one notice the advertisements of our nostrum venders, and he will have some idea of the demand for cathartic medicine that can thus support the advertising columns in almost every newspaper in the land. I would not be understood to think that all nostrums are cathartic; but you will find that far the greater part are of this class—and why? because the popular cry is, give us *physic*, i. e., something that will purge smartly; and if it does not do this thoroughly, the medicine is good for nothing. Our pill-venders, aware of this popular notion, endeavor to form their pills to meet the public sentiment. Accordingly they use the most drastic, and many of them the most acrid stimulating resins. These imperfect compounds, formed often by inexperienced apprentices, are supplying the community with their most common *family pills*. Every practitioner who has been one year in practice must have witnessed cases of disease caused or aggravated by the use of patent pills. Now why is it that regular practitioners give their aid in upholdingthis system of quackery—either in using or recommending them? They are not all, perhaps, equally detrimental; but in my opinion every physician should use his own compounds in preference to this patent stuff. A practitioner of 30 years' experience, in speaking of *Brandreth's pills*, says "they are only useful in *cleaning out chimneys*."

To show that I have some grounds for the above remarks, I will mention a case.

August 27, I was called to visit a lad about 8 years old; found him much prostrated; his pulse small and hard; had been vomiting for several hours; his tongue white in the middle, with red edges, and great thirst; was evidently laboring under *gastritis*. Venesection, anodynes and mucilages, with a blister to the epigastrium, with occasional enemas, was the first part of the treatment. Under this course he seemed to recover for 24 hours; but the heat and pain in the stomach returned, with great thirst and vomiting, and he died in 6 days.

From the parents I learned that he had *diarrhœa* for some days, occasioned, they supposed, by eating too much fruit. The day before I was called, a friend had prescribed, as a certain cure, *Brandreth's pills.* He took 5 of these pills, which occasioned violent vomiting and purging. Whether this inflammation of the *primæ viæ,* which terminated in death, was occasioned or aggravated by the use of Brandreth's pills, I leave others to judge. N. B. Pickett.

Gt. Barrington, Dec. 26, 1838.

SEA-SICKNESS.

[The following discussion on the causes of sea-sickness took place at a late meeting of the Medical Society of London.]

Dr. J. Johnson said, that having had sixteen years' experience respecting sea-sickness, he would offer an opinion on its cause. He had never gone to sea, even although he had only been a fortnight on shore, without being sick, if there was any breeze at all. He had long come to the conclusion that the sea, *per se,* had nothing to do with the matter, but that the morbid effects were entirely owing to the motion. They were produced partly through the eye and partly through the body generally. The eye was not the only medium through which the impression was made, for persons were sick, though not to the same extent, when in bed with the eyes closed, showing that another cause was in action. During all great earthquakes, as that of Lisbon, sea-sickness was very prevalent, arising from the agitation of the body and the sight of objects reeling. He was quite convinced that the impression was first made upon the brain and nervous system ; for, before the nausea came on he invariably felt a giddiness and unsteadiness about the head, indicating derangement of the sensorium ; the next impression was on the circulation ; before vomiting he noticed the face to be pale and the pulse small. The vomiting was an effort of nature to restore the equilibrium of the circulation and sensation. In proof that the agitation of the body was the chief cause, it was known that those who reposed in a well-slung cot, in which the agitation was considerably diminished, suffered far less than those who remained standing. The old *palliative* of sea-sickness was the horizontal position in the open air, and the bandaging of the eyes. He was in the habit of getting into the main or mizen rigging and covering his eyes. Ladies should go to bed, keep their eyes shut, and their stomachs empty.

Mr. Robarts thought that no satisfactory explanation had yet been given of the cause of sea-sickness. An idea on the subject had occurred to his mind. It was known that certain sets of muscles act simultaneously ; that, for instance, the abdominal muscles, the diaphragm, and the muscles of the pharynx, were all concerned in the action of vomiting. To irritate any of those various muscles would be sufficient to throw them all into action ; thus tickling the fauces produced vomiting. It appeared to him that when persons were at sea, there was a possibility that, in attempting to maintain their equilibrium during the rising and falling of the ship, the abdominal muscles were thrown forward and retracted, and that the mouth and pharynx were open, and that sickness, after a time, was produced by these causes.

Mr. Pilcher believed, that the cause of sea-sickness was more likely to be dependent on that vibration of the brain* which was produced by the rolling of the vessel. The brain thus shaken, as in cases of slight concussion, was not able to perform its functions. The morbid impression was conveyed by the par vagum, not only to the stomach, but to the various other organs of the body, through the influence of the nervous system. When a bandage was placed round the eyes, or the person fixed his gaze firmly on some immoveable object, the brain was not so much shaken, the body itself being more fixed.

Dr. Bennett had found, in his own person, that the first impression was made upon the stomach, before any perceptible effect had been produced on the brain. He believed, however, that the brain was first affected. Regarding the palliative of sea-sickness, lying *across* the ship and pressure applied to the epigastrium, as recommended by Dr. Pemberton, he had found frequently, though not always, beneficial. In a gentleman he (Dr. B.) knew, the sight of the undulatory motion of a looking-glass produced the sensation of sea-sickness.

Dr. Whiting thought the view most accordant with fact was, that there was a primary cause in action in all cases; but that it required, in most instances, the occurrence of some secondary cause to affect the stomach and produce nausea and sickness. We found, for instance, that a person might be exposed to malaria and not become affected, but when some depressing cause came into operation, such as debility or want of food, the malaria took effect. In others, this secondary cause was not required. So, in sea-sickness, some became affected by merely seeing others sick, &c. He believed that the primary cause depended on the motion of the body up and down. But how did this motion produce sea-sickness? The first action of this motion was on the circulation. He had found his brain perfectly free until the occurrence of the vomiting. When the ship pitched he had felt a sensation about the epigastrium, which feeling he considered did not lie in the stomach itself, but in the large vessels which ran along the trunk. By this rising and falling of the circulating fluid, the blood was forced upon the brain, and left it as suddenly, and hence the production of the nausea and other effects.

Mr. Carter believed that the morbid impression was first made on the nervous system, perhaps through the medium of the eye. He knew an instance in which two gentlemen, who were experienced voyagers, and laughed at sea-sickness, became affected by watching the oscillations of a lamp in the cabin.

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* This is the theory of Baron Larrey, who also gravely assures us, that if persons inhabiting the sea-coast be less liable to sea-sickness than those dwelling inland, it is because the former have *less* brains to be *shaken* than the latter.—Ed. Lancet.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 13, 1839.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

The twentieth volume of this periodical commences to-day. It gives us pleasure to acknowledge the kindness and sustaining influence of the medical profession, throughout the United States, towards this publication. Its patronage has been steadily and permanently increasing, till it has finally grown strong by age, and it now circulates through every State in the Union. We still solicit the contributions of those who feel that medicine is a progressive science.

MEDICAL SCHOOL OF CONNECTICUT.

In 1810, as we learn from Dr. Knight's introductory discourse, the Legislature of Connecticut established the Medical Institution of Yale College, on the joint application of the College Corporation and the President and Fellows of the State Medical Society. In the winter of 1813–14 the first course of lectures was delivered.

In looking at the catalogue for the present term, we regretted to find that only 46 students were in attendance. At first, it appeared like a want of confidence in an institution which, in times past, has had a most liberal patronage. But this is in fact about in keeping with most of the schools throughout the United States in 1838. However, in the case of Yale, the catalogue does not give the whole number, as the lectures commenced some weeks after the beginning of the academical term, and in consequence of this, the general catalogue was hurried out before the whole class was assembled. We are informed that the actual number in attendance has been 51. But this is too small for an institution which possesses such advantages for a finished medical education. This school has not been guilty of the dishonesty practised by some in this country, of magnifying its patronage by the addition of fictitious names to the annual catalogue and circular. That is not only a mean piece of artifice, but it operates invariably against the prosperity of a school that condescends to such contemptible trickery. With regard to the State of Connecticut, from all we can gather on this point, it appears that but few of her native medical students go away for an education. Only about half the number, however, are now to be found in the State, which constituted the average for the last fifteen or twenty years. And although many go to New Haven from abroad, still, as the whole number of students has diminished nearly in the same ratio throughout New England, and in New York, it is by no means strange the class has become small. A variety of new projects has been developed within the last six years, to divert the minds of young men from the sober business of scientific investigation, or the study of a learned profession; they have too generally been ambitious to spring into the vortex of speculation, with the hope of speedily realizing a fortune. Thus the whole number of medical students is not so large as it was a few years ago, in relation to the entire population; and it is altogether probable that for years to come the classes in all our institutions will be small.

We feel a respect for the medical department of Yale, because no effort seems ever to have been made to force it into undue notoriety. A plain dignified course has characterized all its operations: the faculty, distinguished for their scientific attainments, have never been obtrusive, nor manifested a disposition to increase their importance by defaming or undervaluing their neighbors.

We know but little of the medical professors from their writings, with the exception of the present incumbent of the chair of anatomy. Dr. Hooker's papers on the diseases of the heart, and on other subjects, originally published in this Journal, have been extensively circulated. Professor Silliman has a fame as wide as the boundaries of science. There is no place on the Continent of America, we are bold to affirm, where chemistry is taught with more profit or from higher authority than from this gentleman. Dr. Knight, the professor of surgery, is a polished lecturer. It has not been our happiness to hear him discourse either on anatomy or surgery; but those who have, speak of his finished manner of communicating instruction, his eminent qualifications to sustain with dignity the chair to which he was the last season appointed, and his total freeness from everything like inflated pride, or a disposition to misrepresent himself or others. Dr. Tully is public property, being known everywhere, and to comment, therefore, either on his matter or manner, would be useless. We could not lessen his claims upon the community were we disposed to make the experiment, nor raise him in the esteem of good and wise men, by any effort whatever. Drs. Ives and Beers we know less of than the other members of the faculty; having never heard a word of complaint, it is presumed that they conduct their sections of instruction with perfect satisfaction.

In the anatomical collection there is nothing wanting to give facility to study. The museum is extensive, and well arranged. A new dissecting room was recently constructed, which is well supplied with subjects. A subject costs about fifteen dollars, but there is no other expense attached to the room, which brings the bill for pursuing a systematic course of anatomical dissections much lower than it is in Boston, New York or Philadelphia.

For the free manner in which we have spoken of the members of this school, no apology will be made, inasmuch as we entertain feelings of high respect for them, and have endeavored to say nothing of them but what we believe to be the truth. An active correspondence will enable us to speak with equal freedom of other institutions at the south and west, at a fitting season.

Counsellors' Meeting.—Agreeably to appointment, the Counsellors of the Massachusetts Medical Society met at the Athenæum, at 10 o'clock, on Wednesday last. Notwithstanding the severity of the weather, there were thirty members present. Various reports were read, and committees appointed, to whom subjects were referred for consideration. Drs. Walker and Strong were selected to examine the treasurer's account, and Drs. Morrill and Hooker to inspect the library and cabinet. Dr. Stephen K. Wardwell, of Hardwick, was elected a fellow. Several propositions were made of considerable importance to the Society, which are to be acted on at a future day—with reference to which, there will be an adjourned meeting on the first Wednesday of April next, at the same hour and place, which should be kept in recollection.

A History of the New York Kappa Lambda Conspiracy.—This is a pamphlet of 32 octavo pages, in a close, compact type, which is a reprint of a series of pungent essays originally published in the New York Whig—in that particular department of the paper designated the *Medical Examiner.* The author is no respecter of persons—when engaged in ferreting out evil-doers. Bold and fearless, he has driven a wedge in amongst the medical monopolists of New York, that must have rent the brotherhood in twain at the onset. He is just the man for the station he now occupies—a watchman upon the tower, ready at all hours to sound a trumpet when the enemy appears. Things in physic must be in a bad way in that great city, when the profession, like the descendants of Ishmael, are at war, not only with each other, but with the whole world besides.

Guaco.—Mr. E. Wight, a highly respectable druggist, in Milk street, has repeatedly offered this celebrated article to physicians gratuitously, if they will only apply; but to the disgrace of the profession, in this boasted age of medical improvement, there has not yet been a single applicant. It is said to be the juice of a plant growing at Rio Hache. The efficacy of the guaco in rheumatism is represented to be extraordinary. This class of patients abounds everywhere; and since this proposed remedy can be had for nothing, it is to be hoped there is enterprise enough remaining amongst our practitioners to ask for it, at least, even if they never use it.

Dr. Gallup's New Work.—There is just space enough for acknowledging the reception, from Messrs. Otis, Broaders & Co., of this city, of two beautifully-printed volumes, large octavo form, by our venerable friend and correspondent, Joseph A. Gallup, M.D., on the Institutes of Medicine, &c. A more perfectly executed medical book never came from the American press. We shall by no means neglect the claims of this finished production.

Sprained Joints.—Is it generally known, Mr. Editor, that bathing a sprained joint in warm water in which soot is mixed, is an effectual and almost instantaneous cure? J. BYLES.

Premium Essay on the Opium Trade.—In the month of April, 1837, the editor of the Chinese Repository had placed at his disposal £100, to be awarded for the *best essay on the opium trade*—showing its effects on the commercial, political and moral interests of the nations and individuals connected therewith, and pointing out the course they ought to pursue in regard to it. All manuscripts which might accumulate by October last, from any part of the world, were to be forwarded to the address of the Chairman of the Society for the Diffusion of Useful Knowledge, London. It is to be hoped that the successful essay will be liberally circulated in this country, for two important reasons. In the first place, the secret consumers of opium in the United States are vastly more numerous than is suspected. Opium-eating is a terrible vice, often detected in the highest circles, for the opulent only can gratify the propensity without restraint. Secondly, is it not generally understood that some American merchants, of great capital, have accumulated their wealth by forcing immense quantities of gum opium into China, contrary to the known laws of the empire?

Medical Miscellany.—In 1836 it was computed that there were in London 300 physicians, 580 chemists, and 1100 practising surgeons, exclusive of a multitude of medical pupils. From 1744 to 1800, the deaths in that city exceeded the births by 267,000, being on an average, annually, a loss of 4,700 persons. From 1801 to 1830, the births exceeded the deaths by 102,975—an average of 3,500 per annum.—Samuel F. McGill, a colored man, who was educated at the Medical School of Dartmouth, where he remained three years, recently sailed in the Brig Oberon, for Liberia, where he intends to establish himself for life.—A class of thirty-three young gentlemen took the degree of M.D., January 23d, at the Fairfield Medical School.—Mr. Burke, the phrenologist, who lectured at the Athenæum, in this city, the last summer, is now discoursing on the same subject at Albany.—The medical students of Cincinnati College have petitioned the Legislature of Ohio, in consequence of being denied the advantages of the Commercial Hospital. It seems the students of the Ohio Medical College monopolize the *seeing* of the practice there.—A Thomsonian announces his success in curing insanity by the use of "*tea, No.* 3, *with a requisite portion of lobelia and nerve powder*," which was administered by force.—Efforts are making to give Mr. Combe a class of three hundred to attend his phrenological lectures at the Stuyvesant Institute, New York, on the 15th of April.—A dangerous typhus has lately prevailed in France, in the mountainous districts of Oude, which carried off six hundred persons.—A physician was recently drowned while skating above Louisville, Ky.—A man in Springfield, Illinois, lately lost his life in consequence of taking 300 Hygeian pills, prescribed by an empiric.—There were only 407 deaths in the city of Lowell in 1838—of these, 65 died of consumption.—Dr. James Macdonald, physician of the colored orphan asylum, New York, presented a report to the managers, the other day, in which he attempted to explain the cause of the unusual mortality in the institution the past year. There were only 8 deaths, however, in the whole. The report has been most singularly criticised and skeletonised in a paper called the *Colored American*, conducted by a pair of shrewd colored editors.—In 1835, out of 993,833 births in France, 74,727 were illegitimate. In 1836 the births were 979,820, of which 73,302 were born out of wedlock.—The varioloid is prevalent at Louisville, Ky.—and the smallpox near by.—The Georgia Legislature have imposed a tax on quacks.—Several persons have died of hydrophobia at Cootisville, Penn. —Dr. Baxley, of Baltimore, has successfully performed the formidable operation of taking out one half the under jaw of a lady, for osteo-sarcoma.

To Correspondents.—The paper on the eye, from Dr. Wallace, of New York, is received, and will have early attention. Other favors are also on hand.

☞ The title-page and index of Vol. XIX. will be forwarded to subscribers as soon as it is printed.

Died,—At New York, Dr. Joseph Mechlin, of Mobile, 35.

Whole number of deaths in Boston for the week ending Feb. 9, 39. Males, 23—females, 16.

Of consumption, 5—dropsy in the head, 1—teething, 1—brain fever, 1—typhous fever, 1—fits, 1—quinsy, 1—fractured skull, 1—sudden, 1—scarlet fever, 5—cramp in the stomach, 1—disease of the heart, 1—hæmorrhage of the lungs, 1—worm fever, 1—convulsions, 1—cachexia, 1—marasmus, 1—inflammation of the bowels, 1—croup, 3—disease of the brain, 1—lung fever, 2—erysipelas, 1—intemperance, 1—infantile, 1—stillborn, 4.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess D'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafield, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,
Office 4 Vesey Street, Astor House, New York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $10. Feb. 13—6m

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston. J 16.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.

Oct. 17—lyeop

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post-paid*, without which no letter will be taken from the post office. Oct.2

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington St. corner of Franklin St., to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D. Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, February 20, 1839. No. 2.

ON DISEASES OF THE JOINTS.

(Continued from page 8.)

Mr. Liston said he had neglected, in his former lecture, to state, that one of the most important signs of disease of a joint, large or small, was the great extent of unnatural motion which existed in it. This was readily accounted for by the state of the lateral and other ligaments, which were softened, relaxed and disorganized. The wasted condition of the muscles of a disused limb might also be noticed as a cause of this unnatural mobility. It was important, besides, to observe the sponginess and lightness of the neighboring bones, which, indeed, were so thin in their shells and so soft, atrophied as the phrase was, that they could be readily cut with a strong knife. They were, besides, often diminished in bulk and length by interstitial absorption. This occurred either with or without deposits of tubercular matter in the cancelli. There was little chance of a natural cure when the joint was thus diseased. Sometimes, though rarely, a cure was effected by the unsound surface being thrown off and anchylosis taking place. In many cases it was absolutely necessary to amputate the limb, while in other instances, as they had lately seen, it was sufficient to remove the diseased portion only. This operation could be more frequently resorted to with advantage in the upper than the lower extremities. Unless the affected limb could be preserved of nearly equal length and strength as the other, progression must be performed awkwardly and inefficiently. Whereas under many circumstances, if the motions of the wrist and fingers only of one side could be preserved, though the shoulder and elbow-joints were immoveably fixed, if in a favorable position, the organ, being independent of the other, might be applied to many useful purposes. The difference in length and strength in the two limbs was of much less consequence.

DISEASES OF PARTICULAR ARTICULATIONS.

Diseases of the Articulations of the Fingers might be the result of injury to the joint, or follow disease of the soft or hard parts; or it might be the effect of a sprain, or a trifling bruise and laceration over the convexity of a joint. It more frequently, however, followed an attack of inflammation and abscess of the soft parts, as in whitlow. Whitlow, or paronychia, might come on spontaneously, or follow injuries, as a bruise, punctured wound, or bite, &c. He had seen, very lately, an instance in which extensive disease of two of the articulations of the finger came on as a consequence of a bite from a man. A fellow had got troublesome in his cups, and set to tearing the waiter's shoulder with his teeth; a person interfered to eject the troublesome customer, and was attacked in a similar manner. The landlord tried to "choke off" the original assailant, and had, in return, the forefinger of his right hand well chewed. The part became violently inflamed; abscesses formed: these were opened. The phalanges of the joints, however, became affected, were loosened, and grated distinctly: amputation was hinted at. The patient was advised to apply to some old quack or other, in petticoats, who promised a perfect recovery. The greater part of the middle phalanx, with the flexor tendons, however, came out and caused so much alarm that amputation was at length submitted to. Mr. Liston had seen many such cases, both in public and private practice. Whitlow was always attended with much pain from the unyielding nature of the affected tissues, and effusion, which generally relieved inflammatory action existing in other situations, only produced an aggravation of the symptoms and the danger in this. If the bone in cases of whitlow become first affected, the disease soon runs its course, and in five or six days, perhaps, you might find extensive necrosis. Disease of this kind could not go on long without implicating the joint. Neglected diseases of the fingers often led to extensive abscess of the hand and wrist. These bad consequences of inflammation, abscess, death of the tendon and bone, disease of joints and implication of neighboring parts, were only to be averted by early and active antiphlogistic means, by which was not meant saline medicine and cold lotions, but free leeching, fomentations, and, if need be, early and free incisions. The dreadful suffering and fever would then be relieved, and the tissues preserved in, or restored to, their normal condition. The smaller joints were subject to the same changes as occurred in the larger ones; the synovial membranes become thickened and vascular; the cartilage was absorbed, as seen on the recent and injected specimens; the bone became affected, the joint swelled, and the ends of the bones grated sensibly upon each other. Under these circumstances it was very rarely possible to produce a natural cure, and when this was effected the anchylosed joint was rather in the way than otherwise. In what position, to render the organ serviceable, could the joints be put and fixed permanently, bent or straight? In neither could it be of any use, but the reverse. Amputation, under all the circumstances, was very often the most advisable proceeding. When the finger was diseased at the metacarpal articulation, then the member should be removed with a portion of the metacarpal bone. When the phalanges and tendons were irretrievably implicated in disease, then the removal was effected advantageously at the metacarpo-phalangeal joint. In disease of the middle and proximal bones the removal might be by disarticulation, or by division of the bones in their middle, according to circumstances. These operations he would demonstrate shortly. In cases where the thumb was diseased, a natural cure was much more desirable; a stiff thumb was better than none, and would always act as a resisting point to the fingers. A cure was effected in the case from which a sketch exhibited had been taken, a very severe and aggravated one, as well as in many others, by putting the member up in splints for a considerable period. In cases where the last phalanx of the thumb or finger was affected, the portion of the diseased bone might often be removed, and a cure effected without deformity; but this could not occur when any other of the bones or articulations were involved. Amputation was then the only remedy. The pupils must have seen the great anxiety evinced in a variety of cases to save as much as possible of this useful organ when implicated by disease, or suffering from the effects of injury, and must be convinced that the mutilation was inevitable when recommended and resorted to. It had been proposed to take out the whole or portions of the metacarpal bones when involved in disease, without removing the thumb or finger, which they had supported. The attempt had been made, and he had witnessed it in one case. The remnant of the thumb was powerless and always in the way. Much better that it had at once been amputated.

Disease of the Wrist Joint.—Here the disease existed between the rows of the metacarpal bones, or in the articulation between them and the bones of the forearm. In a case operated on the other day, there was ulceration of the cartilage, betwixt the radius and ulna, and the disease had spread also to the articulating surfaces of the scaphoid and lunar bones with the radius; one of these bones was, in point of fact, in a state of necrosis, and nearly detached. When disease had once seized on the wrist, great mischief was likely to ensue; so many articulating surfaces, membranes and ligaments came together in this neighborhood. They had now opportunities of seeing many cases of this disease in its various stages. The signs of disease in this were similar to those observed in other articulations, swelling, unnatural looseness of the joint, and, in some instances, discharge from sinuses. The introduction of a probe into the diseased articulation, would at once, in most cases, afford a sensible sign, while in others, from the winding course the sinuses took, it was impossible to introduce the instrument with a satisfactory result. In the earlier stages of disease, by perfectly steadying the joint, by means of a splint, and the use of counter-irritants, particularly repeated blisters, raised by the nitrate of silver, a cure might be brought about. In some instances the opening might be enlarged, and the bone, when only one was affected, extracted. He had met with some cases of this kind, in one of which the os magnum was removed, and the cure was complete and permanent. Generally, however, as other bones were implicated, this proceeding could not be adopted, and in aggravated cases, with profuse discharge and hectic, amputation was called for. Resection of this joint could not easily be performed; there would be great risk of wounding important parts, and the disease would be apt to recur. Even if it did not, the hand could not be serviceable. In the case of this disease presented the other day, amputation offered the only chance of success, the patient being much exhausted by the violence and long continuance of the disease.

Disease of the Elbow-joint might come on spontaneously, or, in some constitutions, follow slight injury to the part, or a more severe one in others. In some rare cases it had resulted from compound fracture of the olecranon process. Here was a specimen of disease from this cause. In this case the patient slipped, as she was getting out of bed, or fell out of it, and the elbow struck against the chamber-utensil, which broke, producing a wound extending into the joint. The articulation was kept quiet, and every means for the prevention and reduction of inflammation employed, but one abscess formed after another, and the disease spread to such an extent, that it became necessary to remove the limb; nothing less than this would have been successful, as the humerus, as they would see, had become necrosed. Very generally the disease was attributed to sprain, or it might follow upon rheumatic inflammation, thickening of the synovial capsule, and consecutive ulceration of cartilage and bone, supervening upon affections of the fibrous investments of the joint, as, in fact, happened in the patient whose elbow-joint was cut out the other day. When the elbow-joint was diseased, the same symptoms and signs were observable as when other articulations were affected. At first, as might be seen in several cases under treatment (one of these patients had almost lost one of his lower extremities, on account of extensive necrosis of the tibia, with diseased epiphysis and knee-joint), the disease might be checked by appropriate treatment, and often without much impairment of the functions of the joint. In many cases, however, the disease of the elbow was in such an advanced state, when presented to the surgeon, particularly in hospital practice, that it was necessary at once to remove the limb.

In the case of a little girl, lately in the hospital, who had for a long time labored under disease of this joint, he had at one time proposed to remove the ends of the bones. Her admission into the hospital was retarded by an attack of smallpox. When she did come under his care the mischief was so extensive, and her general health so much impaired, that he considered amputation, under all the circumstances, as the most desirable and only safe proceeding. Had he attempted resection here, he might, after all, have been obliged to remove the limb under most unfavorable circumstances, and with an almost perfect certainty of losing his patient; this Mr. Syme did, in a case in which he (Mr. L.) had dissuaded the parents from having excision performed; this was, however, done, amputation followed, and death soon closed the proceedings. In many instances, however, where the health was good, and the disease was confined to the joints, Mr. Park's operation could be performed with benefit. This operation had been now resorted to in a vast number of cases; he (Mr. L.) had performed it seven times. The operation proposed by Park, as already remarked, was performed several times by Moreau, father and son; it fell into disuse until revived by Mr. Crampton, of Dublin, in 1823. It has since been frequently employed by Roux and Syme; once by Mr. Spence and Dr. Simpson, of Edinburgh. Strange to say, it had been performed by any other than himself, once only in London, so far as he could learn, and that by Mr. Key; the case was detailed in "Guy's Hospital Reports," and had given occasion for a very excellent paper on the subject by Mr. Blackburn. The operation had already been twice resorted to in that (University College) hospital. The limb was not always so strong as before, but, in some instances, a good serviceable joint was formed from ligamentous anchylosis having taken place. In young subjects, however, in addition to ligamentous anchylosis, there was often an osseous deposit at the extremities of the bones, and an attempt, in some cases, to supply the want of the heads of the bones; these became covered by a sort of capsular ligament, and a pretty good joint was formed. This was a different process from that which was observed after division of the shaft of a bone if the cut end is well protected. Mr. Crampton, in an excellent paper on this subject, in the "Dublin Hospital Reports," had remarked that the "injury is repaired in one case by parts whose determinate function it is to form and repair only the shaft; if in the extremity, by parts whose determinate function it is to form and repair only the extremity." The operation of resection of the elbow was neither difficult nor dangerous, and if undertaken under proper and favorable circumstances, should almost always be successful. The patients on whom he had operated had all recovered, with tolerably serviceable limbs, with the exception, he believed, of one left by him in the Edinburgh Hospital, when he came to take charge of the surgical department of the North London; that case, he had been informed, did not go on favorably, and he was not certain that the limb had not been ultimately removed. This said nothing against the operation; the patient, a young woman, was in a most favorable state for its performance, and was doing well, when he left, many weeks after; the charge devolved upon a person, now no more, who was certainly a *professor* of surgery, but one who had been preferred, and put over his (Mr. L.'s) head, more on account of his adherence to, and proficiency in, politics, than in his profession. How the treatment had been subsequently conducted he could not tell; probably an attempt was made, by passive motion, to form a new joint, a hazardous and unsurgical proceeding in such cases, after the growth is completed. The appointment alluded to, and one made on somewhat similar grounds, determined his (Mr. L.'s) removal to London; at all events made him less unwilling to hearken to offers made him to join that school.

Dr. Jeffrey, of Glasgow, who was rather a theoretical than a practical surgeon, had recommended that an incision should be made on each side of the articulation, in order to divide the lateral ligaments, and to avoid injuring or disturbing the parts on the posterior aspect of the joint, too much; and he further advised, that a toy-like instrument, the chain saw, should be employed instead of the common amputating one. In the operation he (Mr. L.) had performed the other day, and in every other one, the only instruments he had used were a bistoury, cutting forceps, and a common amputating saw. The joint was cut down upon, and the remains of the ligaments divided; the elbow was then brought to such an angle as to permit the heads of the bones to be readily thrust out; the parts around them were detached, the ends sawn off, and the bones replaced in a proper position.

OPHTHALMIC HOSPITAL AT CANTON.

[We continue our quotations from the interesting reports of this institution.]

Encysted Tumor.—Wangke, aged 12 years, of Shuntih. This little girl is a slave, and was sold by her mother for $8 or 10. She was accompanied to the hospital by her purchaser, a very respectable and well-bred Chinese woman, who said the child was not her offspring, yet she felt for her the affection of a mother, and though the blemish had been a sufficient excuse for returning her to the mother, she preferred not to do so; and having heard of the hospital in Canton, was at the expense of time and money to bring her, with the hope of relief. She had an encysted tumor, about 16 inches in circumference at the base, situated upon the sacrum, and to the right side. Its pressure had produced some absorption of the sacrum, and caused the os coccygis to turn outwards. It was moveable, and hard pressure gave it no pain. There was no weakness of the spinal column or of the lower extremities. After suitable preparation of the patient it was removed, and found to be attached by a peduncle of the size of a common quill, which entered one of the posterior sacral foramina. On dividing it, one of the gentlemen who assisted noticed a slight flow of milky substance from the point of attachment. A ligature was required to prevent the escape of the fluid from the tumor, which was distended with limpid contents resembling a bladder of water. The wound was dressed as usual. The child was in a sub-comatose state for some hours after the operation, and slow in answering when spoken to—perhaps from the opiate she had taken. In the evening and the next morning, her pulse ranged from 130 to 140, with considerable fever, and there was anxiety for the result. Calomel and rhubarb were given, and brought away a quantity of large worms (lumbrici), and all her unpleasant symptoms subsided. The child's appetite became good, and the wound healed up by granulations in a little more than a month. She became the picture of health, and, with cheeks plump and rosy, was discharged at the expiration of six weeks.

Hare-lip.—Lan Atang, aged 17, of Honan, was disfigured by this congenital malformation, which extended up into the left nostril, and two teeth projected out at the opening. These were removed, and when the soreness subsided, the operation was performed. The union was perfect, and the dressing removed in about one week. Both the appearance and voice were very much improved.

An operation is sometimes performed by native physicians for this deficiency. It consists of applying an escharotic between the edges of the lip, and as this sloughs out, the lips of the wound are brought together and healed up by granulations. I have seen four cases in which the operation has been performed. In one instance the upper lip was drawn so tight as to form a straight line, and with the under lip projecting, his appearance was very undesirable. Whether this was the fault of the operator or the necessity of the case, did not appear. In another man the lip was drawn askew.

March 13th. Chun Fang, son of the tsotang of Shuntih, aged 59 years, was born in Sheihle. In consequence of vice his general health had been affected. He had ulcers upon his head, not affecting the cranium. Eight months previously they had been cured, and blindness supervened. When he came he could see light, but not sufficient to walk without being led. He was encouraged to expect relief from the severe pain he experienced, and that the progress of the disease might be arrested, and possibly his sight improved. There was congestion of the bloodvessels of the eye. One dozen leeches, which in this country are very large, were applied below the eyes. Twenty grains blue pill and one ounce sulph. mag. were prescribed. The leeches afforded immediate relief, and the patient expressed his surprise that he could see to count his fingers. March 16th. The sight remained improved. The leeches had produced a very great tumefaction of the left side and glands of the neck. As he was costive, an ounce of castor oil was administered, and warm fomentations applied to the face, with an opiate at night. March 29. Pulse 126. The right side of the face also affected; the swelling of the left subsided a little. Patient vomited five times last night. Large vesicles formed upon his ears, as if produced by a blister. The almost entire absence of redness did not suggest the erysipelatous nature of the disease. (Another patient who had been operated upon for entropia, and who had been discharged, returned about the same time similarly affected, with an erysipelas of a more aggravated character than I have ever witnessed. Both of these patients scarcely retained the appearance of a human face.) He was very weak, and had great difficulty of breathing, a dry cough, pains in the chest, tongue thickly coated and parched, and his bowels constipated. A decoction of lichen islandicus, gum arabic, and liquorice, was ordered to be used freely. And a gargle of borate of soda, an ounce of salts, and an opiate, and warm pediluvium at bed-time, were prescribed. The patient was to take congee or sago if disposed. March 30th. Decidedly better; bowels had been moved, and the same treatment was continued. March 31st. Patient unable to come. Difficulty of respiration, thirst and debility increased. His extremities were cold, and face smaller—as reported by his servant, a very intelligent man. One ounce of castor oil and a drachm of the oil of turpentine were taken immediately, and gave calomel xii. grains, pulv. ipecac vi. grains, and sugar j. ounce, divided into twelve parts, one of them to be taken hourly, and 30 drops of oil of turpentine every hour, and half a grain of opium every three hours—and two grs. of sul. quin. every two hours. The head was kept wet with a lotion of nit. potas., and the patient allowed to drink freely of the decoction of lichen islandicus, as usual. April 1st. The bowels were moved the last night—the patient has a little appetite—raised considerable sputa, tongue better, and his extremities not so cold. The erysipelas better, and the same treatment continued. April 4th. Not heard from the patient for three days. His servant reported him to be better. The disease had evidently subsided. He still complained of debility and had a diarrhœa. Appetite improved. Decoction of lichen, and lotion of nit. potas. continued, together with oxymel of scillæ. April 8th. The patient was able to be brought to the hospital, but did not get out of his sedan. A course of tonic treatment was then adopted, first sulphate of quinine, and afterwards the saturated tartrate of iron. His servant occasionally returned to say he was convalescent.

While preparing the report the patient has returned, in his official dress, with presents, &c. He enjoys good health. He said he was to set out for Pekin in two days, and wished for directions respecting his health and sight, in future.

CONTRACTION OF THE COLON.

(Communicated for the Boston Medical and Surgical Journal.)

George Smith, ætat. five years, of scrofulous temperament, was attacked on the 15th of January, 1839, with mild symptoms of pneumonia. He was treated with castor oil and other simple remedies for two days. The disease not yielding, I was called to take charge of the case.

Symptoms.—Surface warmer than natural; tongue coated with mucus of a yellowish cast, moist edges; pulse 90 to 95 per minute; respiration slightly hurried and somewhat noisy; cough frequent and dry; urine scanty and high colored. Complained of soreness of the chest while coughing, but no fixed pain. Some uneasiness on pressure in the epigastrium.

Viewing the case as one of a very mild character, I placed my reliance on calomel, antimonials and blistering, in the secondary stages, on different points of the chest. The disease progressed in the same mild manner, gradually yielding under the application of the above named remedies, and on the seventh day of its continuance formed a partial crisis. The bowels being rather confined at this time, it was thought advisable to administer a mild purgative. Castor oil was accordingly given in the morning. Not operating readily, an injection was thrown up the rectum, which produced one discharge of dark fœtid matter.

Eighth morning, increased heat of surface; pulse 100 per minute; tongue dry (having been previously nearly clean and moist), and red, particularly at the tip; great thirst and restlessness; cough occasionally; expectoration free. I gave him 15 grs. calomel, 20 grs. pul. jalap, to be repeated in two hours, and followed in one hour by liberal doses of an infusion of rhei and senna, continued hourly until a cathartic operation should be obtained. My venerable and much esteemed friend, Dr. Charles Little, was called as counsel, and concurred with me in the opinion that the pneumonic symptoms were subsiding, and that opening the bowels freely would, in all probability, relieve the present unpleasant symptoms. The above named remedies were continued through the day, with injections every two hours.

9th. Symptoms much the same as yesterday; bowels not moved. 15 grs. calomel, 15 grs. pulv. jalap, to be followed by ol. ricini once in two hours. Injections of common salt and water every half hour. 12 o'clock, no change, except slight pains in the bowels complained of at considerable intervals. Bowels soft, not distended, and very slightly tender on heavy pressure. Has retained all the medicine and liquids, and at this time is quite free from nausea, pain, singultus, distention, and other symptoms attendant upon obstructions of an ordinary character. Pulse ranging from 100 to 110; great thirst.

On further consultation with Dr. Little, a large epispastic was laid over the bowels; a drachm of spts. of turpentine to be given every two hours; a scruple of proto-chloride of mercury, also once in two hours, and continue injections.

10th, 4 o'clock. The turpentine appearing to nauseate the stomach, it and the calomel were omitted. At this time the symptoms are all aggravated; great thirst; pulse 120 to 130 per minute; tongue dry and red, almost livid; countenance rather sunken, and expressive of suffering, but no distention or pain in the bowels. Blister had filled well. We now resorted to croton oil, giving a drop rubbed up with a little syrup, once in two hours, and continue the injections every hour. Four doses or drops of the croton oil were given him; at evening it was omitted, as he appeared to be sinking. Wine was administered freely, but unavailingly, and he expired 15 minutes before 10 o'clock in the evening.

Post-mortem Examination, twelve hours after Death.—The viscera of the chest healthy; the lungs crepitous throughout their whole extent, and entirely free from adhesions. Stomach healthy; the liver and spleen had also a perfectly healthy appearance. Small intestines appeared quite healthy. The colon, after ascending three inches, became contracted to less than one fourth its ordinary dimensions, with thickening of the outer coats. No redness or marks of inflammation, except about two inches of the colon, where the contraction commenced; the remainder of the ascending colon, transverse arch and sigmoid flexure, were contracted, so as scarcely to admit a crow-quill. There were two small circumscribed dilatations, one near the commencement of the diseased portion, the other in the sigmoid flexure, of the size of a small filbert, containing green mucus. Gall-bladder moderately distended. Robert Kelsey.

Avon, Livingston Co., N. Y., Feb. 3, 1839.

CASE OF FUNGUS HÆMATODES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Cases like the following, though rare, may not be uninteresting to some of the readers of the Journal, and especially to those who may have had an opportunity to witness the destructive progress of this hitherto incurable disease.

Harriet J. Vanarnam, a lovely and interesting little girl, aged six years, was attacked, in the month of March last, with general fever, pain in the knee and ankle-joints, great tenderness behind the trochanter, with all the common symptoms of an incipient morbus coxarius. Counter-irritation to the hip, together with laxatives and anodynes, had the effect to dissipate this threatening train of symptoms, and in about a week the little patient appeared convalescent.

In this state she was taken into a carriage to ride a short distance, and on returning was again attacked with the same train of symtoms as at first, somewhat aggravated, but all referred to the other leg. The previous course of treatment again produced relief from her suffering, which at times was very great, especially in the keee and ankle joints. She continued in a comparatively comfortable state for about two weeks, with occasional vagrant pains shooting through her limbs, head and joints, when a colorless, slightly elastic tumor began to appear on the side of the lower jaw, midway between the angle and symphysis, attended with no tenderness or pain. Various discutient applications were applied, with no effect. The tumefaction progressively increased. Internally the gums began to swell, the teeth to loosen, and in a few days the latter were easily removed from their sockets. Shortly a fungus was seen sprouting from the sockets, which evidently disclosed the malignant nature of the disease. It grew rapidly, and eventually filled almost the entire cavity of the mouth, pushing the jaws asunder as far as the muscles would permit, discharging a great quantity of thin sanies, accompanied with a most intolerable fetor.

The external tumor increased to an enormous magnitude, quite elastic, and traversed in all directions with numerous large blue veins, drawing her once beautiful features into a most terrific form, and at once presenting the most revolting and heart-rending case of human suffering I ever witnessed. Deglutition at length became very difficult, and at last death put a period to her sufferings, ten weeks from the appearance of the tumor.

I would remark that the sulphate of morphine, in small doses, did much to soothe and mitigate her distress during the progress of the disease. L. I. Marvin.

Northville, N. Y., 5th Feb., 1839.

P. S.—Our distinguished professor of Surgery, Dr. March, of Albany, performed the operation of lithotomy successfully on a little boy, 12 years of age, in this village, the past season. The stone weighed five drachms. L. I. M.

CASE OF EXTIRPATION OF THE PAROTID GLAND.

We are happy to state that this operation was successfully performed on the 19th of December, by Dr. J. Randolph, in the presence of Drs. Coates, Harris, Norris, J. Rhea Barton, W. E. Horner, and a large audience of physicians and students of medicine. A friend who was present has been so kind as to furnish us with the following account of the case.

Dr. Randolph premised the operation by remarking, that the disease had existed for a year, and that the parotid gland was probably the organ affected, though this point could only be satisfactorily ascertained after the removal of the diseased mass. He stated that the tumor was in a state of rapid increase, which would augment the difficulties of the operation. With regard to the question, as to whether the parotid gland had ever been removed successfully, he gave as his opinion that it was an operation which had been frequently performed, not only in Europe, but in this country, and proceeded to mention the names of a number of surgeons who had reported cases. He stated that for a long time he had thought that a scirrhous, or indurated parotid gland, could be more readily removed than when in a healthy state, and mentioned that Dr. N. R. Smith coincided with him in this opinion.

In performing the operation, as the left parotid was the one affected, the head was inclined to the right side, and an incision made from the zygoma down to the edge of the sterno-cleido mastoid muscle, a second one at right angles to this, and the flaps dissected up. The facial artery was then secured, and an attempt was made to raise the lower edge of the tumor and secure the external carotid where it enters the gland; this was found, however, to be attended with so much difficulty, in consequence of the close adhesions, that it was determined to dissect it from its attachments from above downwards; in doing this it became necessary to secure the temporal and internal maxillary arteries, besides several others of smaller size; the carotid was cut in dividing the last adhesions of the tumor, and instantly secured by means of Dr. Physick's needle and forceps. The external jugular vein was cut and secured at each end. The periosteum covering the angle of the jaw was absorbed, and the adhesion to the masseter muscle was so strong that part of it was removed with the tumor.

The operation lasted 59 minutes; but little blood was lost, and the patient bore it remarkably well.

After a careful examination of the parts, Dr. Randolph stated to the class that it was the unanimous opinion of the surgeons and anatomists present, that the *parotid gland was completely extirpated.* The ligatures have all, except one on a small vessel, come away; the cavity is filled with healthy granulations, and the patient's general symptoms are perfectly favorable.—Jan. 15, 1839.—*Am. Jour. of Med. Sciences.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 20, 1839.

OUTLINES OF THE INSTITUTES OF MEDICINE.

Reference was made, last week, to the publication of this beautiful, and, we believe, very valuable and learned production, by Dr. Gallup, late President of the Medical Society of Vermont. The author has founded his remarks on the broad basis of the philosophy of the human economy, in health and disease, and discussed each subject recognized in the field of observation, with that logical exactness and freedom which characterize the researches of an original thinker. It is a book that is not destined to be thrown upon the shelf after the title page has been read, to repose under the accumulating dust of the age. Its high claims to consideration must be admitted at the outset, and the principles developed and the philosophy which it inculcates will exercise the minds of professional men, we apprehend, more than any native system of theoretical or practical medicine which has appeared in this country. It is to be hoped there will be no sectional feelings operating against its intrinsic merits. Let it be read with candor, and justly weighed in the balance. It is possible that some may cavil at the style, or complain of the mechanism of expression, as being hard English. There is a singularity in the structure of the sentences, which are recognized as being peculiar—and yet, on a careful analysis, the elegance and not the deformity of language constitutes their deviation from common every-day writings. In the next place, the author recollected, at the commencement, that "order is Heaven's first law." He is as methodical in the arrangement of his various topics, as the veriest stickler for natural divisions and sub-divisions could desire, and every line carries with it the evidence of profound investigation. This is but the beginning of our notices of this very acceptable and meritorious performance.

Removal of the Jaw.—Dr. Gage, of New York, on reading the account of Dr. Baxley's operation, at Baltimore, represented to have been without a parallel in the annals of American surgery, addressed the following communication to the Commercial Advertiser, which we have copied in detail, with a view to stating the final issue of the case to which Dr. Gage has called the public attention.

"*New York, January* 25, 1839.

"I noticed in your valuable paper of this day, an article, copied from the Baltimore American, respecting the removal of one half the lower jaw on account of an osteo-sarcomatous tumor, and likewise a statement from Cooper's Surgical Dictionary, that this operation had not been performed in Europe or America, except by the distinguished Dr. Mott, of New York, and Dr. Cusack, of Dublin. That credit may be given where it is due, I would beg to state, that the same operation, and for the same disease, was performed in the presence of the medical class in the Berkshire Medical Institution, I think in October of the year 1826, by J. P. Bacheldor, Professor of Surgery in that institution, assisted by Drs. J. V. C. Smith and H. H. Childs. The operation was completely successful, and the patient was seen by me walking about the streets on the fourteenth day after it. He was a farmer, about forty-five years of age, and the tumor had been two years in forming. In this case the operation was commenced in a manner somewhat different from that in Dr. Baxley's case. One of the lower incisor teeth was first removed, the external carotid artery of the right side was then laid bare and tied; then an incision was made on the mesial line of the lower jaw, commencing opposite the alveolar process, so as not to divide the lip, and continued down to the lower edge of the jaw. Another incision was then made, in a direction somewhat curved downward from the condyloid process of the jaw, in front of the ear, and continued to the first incision on the chin. The operation was completed by dissecting out the right half of the jaw, as in Dr. Baxley's case. The tumor completely surrounded the jaw, and was about two and a half inches in length and nearly the same in diameter. The last time I saw the patient, which was on the fourteenth day after the operation, I think, the wound was perfectly healed, and the countenance was but slightly disfigured. He appeared to masticate very conveniently, and gave us students a specimen of his powers in that way upon a hard Boston cracker.

Very respectfully, your obedient servant,
Thomas E. Gage, M.D., 3 Park Place."

After the patient on whom Dr. Bacheldor operated, had been home some months, the disease was again manifested, and in a more formidable manner than before. In the operation, a portion only of the under jaw was removed, between the chin and angle ; but an enlargement of the bone, towards the angle, was soon after discovered, which grew so exceedingly fast that it greatly alarmed the unfortunate patient. Being a man of firmness, he submitted to a second trial of skill. We were present, and have a distinct recollection of all the circumstances. In the presence of a large number of persons, on a beautifully pleasant morning, under the shade of a wide-spreading tree, in the town of Greenfield, Mass., Dr. B. made a new incision, and a fearful wound it was. The jaw was detached from its muscular attachments, unlocked at the joint, and the whole of one half taken away. This was fairly circumscribing the malady, and the poor sufferer speedily recovered. Notwithstanding the loss of half his jaw, there was not a very striking deformity, nor was the power of manducation essentially impaired.

Death of a Child from Laudanum.—From the coroner's report, February 7th, at New York, we learn that the death of Sarah Lecount, aged three months, was produced thus: The mother had been in the habit, nightly, of giving to the deceased infant and her twin sister, a teaspoonful of paregoric each, to prevent them from disturbing her in the night, "*as they were very fretful.*" Having given a dose to one, and none being left for the other, the undutiful mother sent her son to an apothecary's for a fresh supply. When it came, she gave the usual dose, but the child appearing strangely, and having spasms, she examined the article and found she had given laudanum instead of paregoric. Away went the father to the clerk of the apothecary, who gave him five grains of the tartrate of antimony, which he was directed to dissolve in warm water and give the child a teaspoonful every *minute.* But the poor sufferer only grew worse. The father again went to the shop, and the clerk gave him a "*quantity of tartrate of antimony and sulphate of zinc together,*" supposed to be in the proportion of about two grains of the tartrate to one of zinc, to be given like the former doses. Dr. Knight was then sent for. Next morning the child died. Now it is a question which of the articles killed the child—either one of them being sufficiently potent to have done it. The mother should have been held accountable to the law for such a violation of her maternal duties. And so should any woman, who, either in the character of a nurse, or the more tender and responsible relationship of mother, endangers the health of body and mind in a child by the administration of any preparation of opium. It is deeply to be deplored that there is not a heavy penalty imposed upon apothecaries who presume to sell that powerful drug to persons in any condition of life, without a prescription from a regular medical practitioner.

Condition of the Insane Poor.—An effort is making in Pennsylvania, to devise suitable provision for that neglected class of human beings, the insane poor, in that great and enterprising State. Dr. Dunglison was chairman of a committee which has sent forth an appeal to the people. The document is presumed to have been written by the chairman, which does honor to his heart. It carries in it a powerful and irresistibly convincing testimony, that something should be done immediately. Are arguments necessary to hasten a work of benevolence? If some general plan is not soon adopted for the comfortable accommodation of the insane poor of Pennsylvania, we shall at once conclude that the present generation has not kept pace with the progress of humanity in the more frigid regions of the north.

Worcester Insane Hospital.—From the Hon. H. Mann, one of the trustees, we acknowledge the receipt of a copy of the sixth annual report of that excellent institution, the Worcester Insane Hospital. Dr. Woodward's observations are entitled to a very careful perusal. There is a completeness and finish to all his medico-legal reports, which are scarcely ever found in documents emanating from such establishments in Europe.

Geneva Medical College.—The annual commencement was held on the 22d ult. Dr. Hale, president of the institution, gave an excellent address. A gold medal was awarded to A. L. Saunders for the best thesis on the *influence of the mind on the body.* Dr. C. B. Coventry, dean of the faculty, delivered a parting charge to the graduates, on professional duties. Dr. Elisha Doubleday, of Yates Co., N. Y.; Dr. J. C. Beales, of New York, and Dr. William C. Chase, of Upper Canada, received honorary degrees of medicine.

Smallpox.—Such is the neglect of the public authorities in the city of Buffalo, New York, with regard to vaccination, that it is said the smallpox extensively prevails there. Nearly every death, by that awful scourge, is through the neglect of those who have charge of the public health. Birds that will not sing, says the proverb, must be made to sing: and people that will not be vaccinated, voluntarily, must be compelled to submit to that simple, life-preserving process.

Progress of Phrenology.—No. 5 of the new Philadelphia Journal has been promptly delivered. It is really an excellent publication, with which we could not well dispense. It keeps constantly improving in the character of its materials—a property not always characteristic of all the periodicals abroad. Mr. Combe's paper on the size of Sir Walter Scott's brain, is from high authority. Mr. O. S. Fowler, a well-known operative phrenologist, has an article on *monomania.* There is no man living, we apprehend, who can more accurately display the whole intellectual condition of an individual's head—feelings, propensities, good, bad or indifferent—than that gentleman. Success to the American Phrenological Journal.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. Elevation 483 ft.

1839. January.		THERM. Sun r.	THERM. 2, P.M.	THERM. Sun s.	BAROMETER. Sun r.	BAROMETER. 2, P.M.	BAROMETER. Sun s.	Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
1	Tues.	–8								
2	Wed.									
3	Thur.			30		29.00	29.83	N	Cloudy	
4	Frid.	29	37	34	29.73	29.67	29.67	N E	Stormy	Four inches of snow fell.
5	Satur.	27	34	31	29.70	29.83	29.73	N W	Clear	Afternoon, very pleasant.
6	Sun.*	24	34	32	29.80	29.83	29.82	N W	Clear	Evening, hazy.
7	Mon.	27	33	36	29.56	29.31	29.20	S W	Cloudy	Evening, hard rain.
8	Tues.	37	36	32	28.97	29.22	29.33	N W	Variable	
9	Wed.	18	30	22	29.65	29.65	29.70	N W	Clear	Weather variable, thaw.
10	Thur.	35	42	41	29.45	29.36	29.33	S	Clear	Afternoon, very pleasant.
11	Frid.	38	49	47	29.39	29.50	29.49	S W	Clear	Very pleasant day.
12	Satur.	40	47	48	29.31	29.18	29.18	S W	Clear	Afternoon, very pleasant.
13	Sun.	27	32	32	29.59	29.60	29.59	N W	Clear	Evening, cloudy.
14	Mon.	33	32	27	29.40	29.44	29.44	N W	Cloudy	Evening, brilliant aurora borealis.
15	Tues.	12	20	19	29.50	29.47	29.45	N	Hazy	Evening, dark cloud in S.; otherwise
16	Wed.	14	30	32	29.41	29.45	29.45	N	Clear	Very pleasant day. [clear.
17	Thur.	22	39	38	29.54	29.61	29.62	E	Clear	Evening, dark cloud in S.; otherwise
18	Frid.	32	43	42	29.55	29.51	29.51	S	Clear	Very pleasant day. [clear.
19	Satur.	32	41	33	29.24	29.15	29.12	W	Clear	Evening, weather changed, very cold.
20	Sun.	4	17	22	29.35	29.36	29.30	W	Hazy	Sun set in a cloud.
21	Mon.	22	28	26	29.14	29.11	29.12	N W	Cloudy	Squally, rather than stormy.
22	Tues.	5	18	17	29.17	29.02	28.96	S W	Cloudy	Evening, 2 inches of snow had fallen.
23	Wed.	26	13	2	28.70	28.80	28.96	N W	Snow squalls	Even. very cold, Therm. 7' below 0.
24	Thur.	–8	12	11	29.40	29.49	29.50	N W	Hazy	Evening, very pleasant.
25	Frid.	13	34	37	29.58	29.60	29.59	S	Hazy	
26	Satur.	44	50	48	29.27	28.89	28.63	S E	Great rain	Thaw, high wind, Bar. fell to 28.26.
27	Sun.	31	32	26	28.58	28.67	28.72	S	Flying clouds	
28	Mon.	9	20	16	28.64	28.60	28.64	N W	Cloudy	Even. high wind, severe snow squall.
29	Tues.	17	28	26	28.80	28.90	28.98	N W	Clear	Pleasant day.
30	Wed.	20	30	37	29.10	29.10	29.13	W	Light snow	
31	Thur.	16	27	23	29.33	29.39	29.44	N W	Clear	Brilliant halo around the moon.

The month has been pleasant, mild and favorable. The extremes of temperature have been 8° below zero, and 50° above. Extremes of barometer have been 29.90, and 28.26. Little snow has fallen. One severe rain, attended by high wind; did little damage in this vicinity, but much in Philadelphia, New York, and to bridges and buildings in every direction.

* *On the Sabbath the observations are at 1 o'clock, instead of 2 o'clock.*

Medical Miscellany.—Drs. Cutler and Dix, of Boston, have sailed for Europe.—A hog was slaughtered near Raleigh, a short time since, which had two hearts.—Dr. Miller, of Providence, R. I., assisted by medical gentlemen of that city, has successfully performed a very critical operation on a young man, in taking a large tumor from the perineum. On Monday, February 11th, Dr. Miller performed two interesting operations. One was for stone, at North Brookfield, Ms., and the other for a diseased testis, at West Brookfield.—A young physician may hear of a good opening, by applying soon to Dr. B. Haskell, South Boston.—In a neighboring town, a week or two since, the breech-pin of a gun was forced, by an explosion and bursting of the barrel, into the orbit of a man's eye, destroying the organ, and finally lodged under the nose over the bones of the palate, from whence it has been finally extracted.—No. 21 of the second volume of the American Medical Library, exhibits the same care and nice discrimination in the choice of works for republication, which distinguished the work in the first volume. Dr. Bell's Journal, published in the same city, is no less acceptable to the reader, and equally deserving of extensive patronage.—If any of our subscribers are acquainted with the Danish language, it will greatly oblige us to have a translation of various recent publications on medicine and surgery, just received from Copenhagen. To us the contents are a sealed book.—Scarlet fever is represented to be very fatal in Romney county, Va.—The medical lectures have closed for the season, at the Mason-street College, in Boston. Eleven young gentlemen were admitted to the degree of M.D.

Whole number of deaths in Boston for the week ending February 16, 36. Males, 12—females, 24.

Of consumption, 4—marasmus, 2—infantile, 3—scald, 1—scarlet fever, 6—lung fever, 3—dropsy on the brain, 1—disease of the heart, 2—rheumatism, 1—palsy, 1—intemperance, 1—inflammation of the lungs, 1—decline, 1—croup, 2—cancer, 1—dropsy, 1—stillborn, 2.

AUBURN MEDICAL SCHOOL.

Drs. F. H. Hamilton and **Owen Munson**, being associated in the practice of medicine and surgery, will commence their course of private instruction on the 1st of March, 1839.

A series of lectures on Surgery and Surgical Anatomy, will be given by Dr. Hamilton, continuing six months from the first of March: two lectures per week. All the principal operations in surgery will be performed in the presence of the class.

The students will also be daily instructed and examined in the other branches of medical science.

Terms—$24 per year; payable half yearly, in advance. Feb. 20—tM1

VERMONT MEDICAL COLLEGE.

The annual course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. Childs, M.D.
General and Special Anatomy and Physiology, by	Robert Watts, Jr., M.D.
Principles and Practice of Surgery, by	Gilman Kimball, M.D.
Chemistry and Materia Medica, by	David Palmer, M.D.
Medical Jurisprudence, by	Norman Williams, A.M.

Fees for the course—$50. Graduation—$18. For those who have attended two courses, but do not graduate—$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in the village on reasonable terms. By order of the Board of Trustees, N. WILLIAMS, Secretary.

Woodstock, Vt., Feb. 5, 1839. Feb. 20—3t

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 *Belknap Street, Boston.* Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply WILLIAM BROWN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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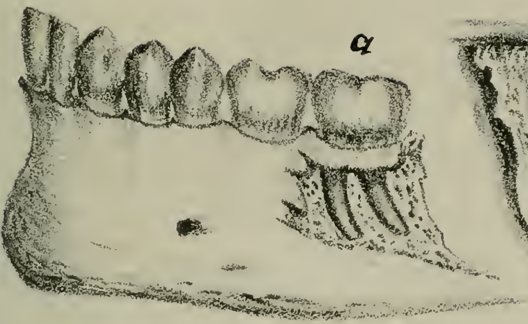

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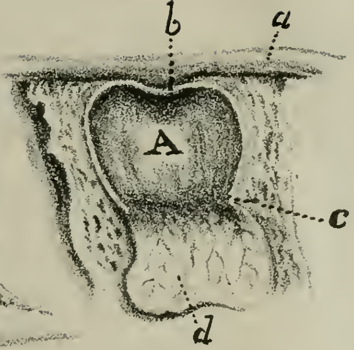

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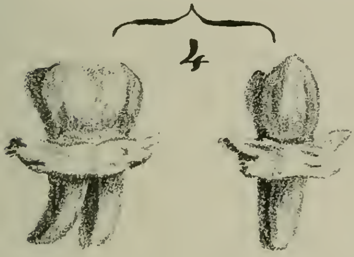

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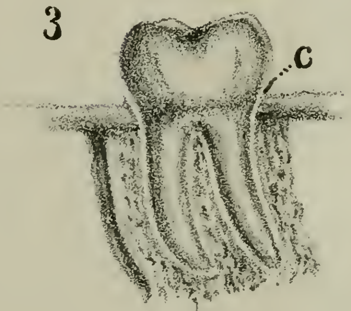

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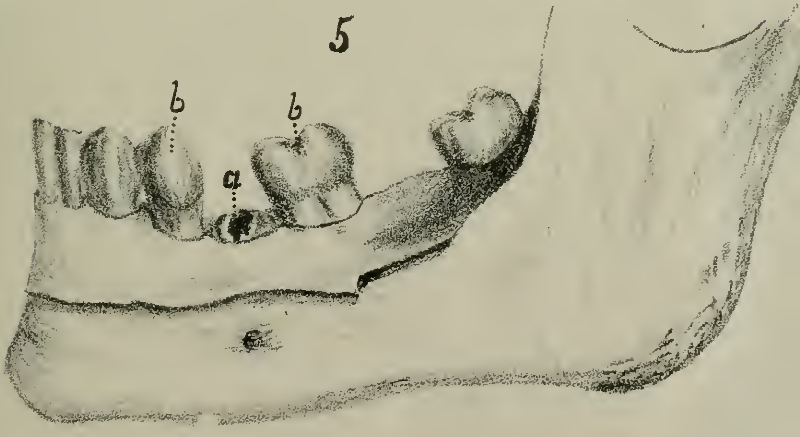

Boston Medical Journal Vol. XX. No. III

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, February 27, 1839. No. 3.

ANATOMICAL DISCOVERY—THE LIGAMENTUM DENTIS.

[WITH A LITHOGRAPHIC PLATE.]

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I have been somewhat inclined to address you on this matter of the *new ligament*, before this, as it has made much stir in Philadelphia for these three or four months past; yet on reflection I could not but view it as of too ridiculous a character to deserve serious comment in a scientific journal. But I have been in error: and the subject has been publicly introduced in the American Journal of Medical Science, by a very respectable teacher of anatomy—Dr. P. Goddard, of Philadelphia. It is, therefore, now a subject not to be passed over in silence, by those who are seeking for truth, and who are willing that the whole truth, and nothing but the truth, should be told.

While on a visit to Philadelphia, in October, I heard much of the skill of a certain dentist—a Mr. Caldwell—who extracted teeth without giving pain, or causing so little that it was not worth considering; that he removed them from the jaw with much less effort than is usually requisite—commonly with his fingers, using no instrument but a lancet or penknife to *loosen the tooth*, which he did by cutting a previously unknown *ligament* that he had discovered, and which he declared to be the main bond of attachment between the teeth and jaw, and the principal obstruction to their removal from their bony sockets.

I treated the matter as one of the thousand that are devised to gull the public, who are generally ignorant of the truth in regard to such things. I found myself, however, so much opposed by several friends who had heard of the dentist and his discovery, and who stated many cases which had been related to them of facts, that I was determined to see Mr. Caldwell, and be informed from the only source whence I could expect to be fully satisfied.

I saw Mr. C., and after spending about an hour with him, endeavoring to get definite answers to my questions, which were mostly replied to by asking me others, or reading to me portions of manuscript which he had written on the subject, but which appeared to me to have no bearing on the question of the ligament, I was obliged to leave him with much the same impression that I had entertained previous to my call.

Although Mr. C. received me with great civility, and allowed me to ask any question that I wished, he was apparently unwilling to answer them till he had stated the views of several writers with regard to the articulations of the teeth, and the anatomy of the parts connected with them, and requested to know my views concerning certain conflicting opinions. This seemed to me to be done for the purpose of discovering whether he was dealing with one who had any definite or exact knowledge on the subject; for, as we approached it more nearly, and I had obtained all the explanation I was likely to get, and said to him, "then it seems you have not any new organ or part to demonstrate which has not been known to us before, and described by those who have written on the subject, and the parts which we call fibrous membrane and gum, or periosteum and gum, you call ligament"—his reply was something like this: "Why, sir, you know the names of parts depend on the fancy of those who give them." This appeared to me like grasping at a more slender hold, and very much like what is vulgarly called backing out. Our conversation ended here, but as I was leaving the room, Mr. C. said, the part which I call the ligament is situated between the teeth, only, and it is there that I cut to loosen the one which I wish to extract.

Since this my attention has been directed to the article of Dr. Goddard, above mentioned. On reading it, I could not but feel surprised at the result of Dr. G.'s researches, if he was at all acquainted previously with the minute anatomy of the parts under consideration, and with the situation of the teeth in the different stages of their formation and development. And since Dr. G. thinks he has discovered *the ligament*, I am sorry he did not think his communication worthy of a plate which would in some degree serve as an illustration, rather than send it out with a diminutive wood engraving, perfectly indefinite in its delineation in the points which should relate to his discovery.

On the ground of a long and intimate acquaintance with the anatomy of the teeth, and of recent examinations of them with a view to furnish the remarks which I am now about to make for your Journal, I am prepared to say, that there is nothing about the teeth, their bony sockets and surrounding gum, which deserves the name of *ligament*. That there is no part of the soft structure which surrounds the teeth above the edges of the alveoli (call it by what name you will), which serves to confine them in any remarkable manner in the jaw, or which prevents, in any perceptible degree, their being detached from their firm articulation with the sockets, in the case of an attempt to extract them. That this firm articulation of a tooth with its socket, and the corresponding resistance which is presented when we endeavor to dislocate it, depend, therefore, entirely on the intimate connection of the fang with the socket, by means of a strong intervening membrane, commonly called periosteum, on the form of the fang and socket, and on the thickness and density of the bony sides of the socket. [See plate, fig. 1, *a*.] And the part which is introduced as the *new ligament*, is nothing more than that portion of the gum which covers the transverse processes of the alveoli, united with the fibres of the periosteum above mentioned, and those of the partially absorbed capsular membrane which envelopes the crown of the tooth during its formation and until it passes through the gum, all of which are united in a line about the neck of the tooth, immediately above the edge of the socket. [See plate, fig. 2, *c*, and fig. 3, *c*.] And this is no more than has been known for a century, at least, and may be learned from the works of Hunter, Blake, Bourdet, Fox, Thos. Bell, A. Serres, and many others.

There is, indeed, in some of the domestic animals, as the cow, sheep, hog, &c., much less of the appearance of bone about the sockets of the *front* teeth, than is found about those of man, the sockets of the former being composed more of a texture resembling a tough cartilage ; yet in these the fangs of the teeth are secured entirely by the intervention of the same fibrous membrane—the periosteum.

Between the human teeth, in the mature state of either the infant or adult set, there is not room for the attachment of any ligamentous structure of sufficient magnitude or power to be of any importance in securing the teeth in their sockets, as may be seen by examining the jaw at the age of three years, or of twenty-five years. [See plate, fig. 1.] And all that can be found in the place said to be occupied by the *new ligament*, can be as clearly demonstrated to belong to one tooth as to the other, yet more justly, to both ; and in proportion to the thickness of the gum, as much ligament can be shown on the sides of the teeth which correspond to the outer or inner arch of the jaw, as on the sides which are in apposition, notwithstanding we are informed that the *newly discovered ligament* is situated only *between* the teeth, and is attached to but one side—the *back*—of the next tooth. In a word, the *dental ligament* has been brought up by a change of name, instead of a real discovery of any new part, organ or texture.*

But further—admitting it to exist—you would ask, what of its practical bearing in the operation of extracting the teeth ? From a full and fair examination on this point, by numerous operations, I am ready to answer, that there is no perceptible difference in the looseness of a tooth, after all the soft parts have been thoroughly severed from it, be they ligament or what you please, and before the knife or lancet has touched them ; provided the bony socket and membrane are in a perfect state, or under that degree of inflammation only in which they are found previous to ulceration. If, indeed, the surrounding bone is nearly or entirely absorbed, the gum and periosteum of the fangs much inflamed and thickened, as is sometimes the case when, through fear of an operation, the patient has kept a diseased tooth for months or years, the division of these soft parts will remove all obstruction, and the tooth may be lifted away with the thumb and finger. But these cases are not very common, and have nothing to do with our question.

With regard to the pain produced in the different modes of operating, any man who is in the daily practice of extracting teeth may very soon satisfy himself that cutting round them, as a general practice, is merely inflicting needless suffering ; for the use of the most improved forceps, without cutting at all, will give less, and the tooth is thus removed by one operation instead of two, with perfect safety and more despatch. The forceps are now in very general use, and when they are accurately made to fit the teeth, and skilfully applied, they give so much less pain than the German key in any of its varied forms, that there is no longer any reasonable apology for the dentist who does not abandon the use of this instrument entirely. In the dextrous use of the forceps, therefore, I conceive, if in anything, consists the excellence of Mr. Caldwell's operations, and not in his peculiar "tack in severing the ligament," as is supposed by his friend Dr. Goddard. And I have no doubt that if Mr. C. will lay aside his lancet, and defy the strength of the *ligament*, he will give more satisfaction and less suffering to his patients than he now does.

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* In this opinion I have been confirmed not only by the investigation which I have made of the whole matter by myself, but by witnessing the result of various dissections and experiments made by a committee of physicians—*anatomists*—of this city, appointed by an association for the purpose, who had with much labor and ingenuity displayed the structure of the parts in question, in the jaws of man and various domestic animals.

I beg your patience while I state a few brief questions, and I will trouble you no longer on this matter.

If there is a ligament of such strength and importance confining the teeth in the manner which the discoverers would represent, why does a tooth require the same apparent effort to dislocate it, after all the soft parts connected with it have been severed to the bone, as it would before this had been done?

To what is the *ligament* attached when the edge of the alveolus is absorbed, removing thereby the point of its origin, and leaving the neck of the tooth—the part into which we are told it is so strongly inserted—standing denuded the eighth of an inch or more above the gum, as shown in the plate? [Fig. 5, *b b*.] And why does this tooth stand firm under such circumstances, and require about as much force to remove it, and give as much pain in the operation, as if the bone and the *new ligament* were in their natural and perfect state, but because it is wholly supported and retained by the strong articular membrane—the periosteum of the fang and its socket?

When a tooth has been fractured or has decayed below the edge of the socket, why is it as firmly retained as when its crown and neck were perfect? There is no *ligament* here. Why does it give as much pain to extract it as if it were whole? The ligament in this case has been severed. [See plate, fig. 5, *a*.]

What holds the fang of a tooth so firmly to a portion of the outer plate of the socket, which has been drawn away with it by the use of the old key-instrument. Is it the ligament? No, that has not been discovered on this side of the tooth—yet the adhesion of these parts is so great that it will commonly require the aid of some steel instrument to separate them. [See plate, fig. 4.]

If the firmness with which the teeth are fixed to the jaw does not depend, as I have already stated, on the thickness and density of the bone, the form of the fang and socket, and the intimate attachment of the articular membrane; how does it happen, when this membrane becomes inflamed and thickened, and its vascular tissue weakened, that the tooth is loosened and lifted somewhat from its berth, and may be extracted with much less force than when the parts were in a healthy state? And why is it found, as this disease increases and the union between the periosteum and fang is, perhaps, partially destroyed, that the tooth is nearly ready to drop out, or may be taken away with the slightest effort? The *ligament* is not destroyed. It has hardly begun to share in the disease of the parts; for every practitioner in dentistry, of any observation, knows that the inflammation of the periosteum commences at the extremity of the fang and extends towards the crown of the tooth.

These are questions, involving truths, the knowledge of which every dentist of much experience must possess. Perhaps the discoverers of the *new ligament* can solve them. Yours, &c.

31 *Winter Street, Boston, Feb.* 21, 1839. J. F. Flagg.

REFERENCES TO THE PLATE.

Fig. 1.—A portion of the under jaw, showing the manner in which the edges of the sockets embrace the necks of the teeth, when both are in their perfect state. *a,* Indicates the fangs of a molar tooth, showing their most common form and connection with the bone—the outer plate of the socket being removed.

Fig. 2.—An enlarged drawing of a molar tooth while beneath the gum, before the fangs are formed. A, The crown of the tooth perfect. *a,* The gum. *b,* The white line representing the capsular membrane. At this point it is attached to the gum, and is absorbed while the tooth is rising to the situation shown in figure 3. *c,* The neck of the tooth, to which this membrane firmly adheres. *d,* One side of the membrane, which has been cut away and turned down.

Fig. 3.—An enlarged drawing to represent the same tooth shown in figure 2, after it has risen to its place above the gum, and the fangs have been perfectly formed. *c,* Indicates the white line representing the investing or capsular membrane of the fangs, and which becomes the periosteum or articular membrane when the tooth is fully grown, and remains united with the gum at *c.*

Fig. 4.—Teeth with portions of the bone or socket adhering, showing the common effect of using the German key to extract them, or of some violence or mal-adroitness in the operation.

Fig. 5.—The left side of an under jaw, with part of the teeth and gum remaining, to show how the sockets are absorbed, and the gum retracted about some of the teeth after others have been extracted, fractured or decayed next to them. *a,* The root of the second *bicuspis* broken below the edge of the perfect socket. *b b,* Teeth, the fangs of which are exposed, by the wasting of the socket, below the part to which the *new ligament* is said to be so firmly fixed.

CASE OF ANEURISM BY ANASTOMOSIS CURED BY TYING THE PRIMITIVE CAROTID.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In presenting this case to the publishers of your valuable and interesting Journal, I am unwilling to leave the impression that the mere operation of tying the carotid artery successfully, is thought to be of sufficient importance to lumber up your pages. The practicability of the operation is too well established to require confirmation, and its *novelty* has passed away with its frequent repetition. I present it merely because the object for which it was resorted to has been secured, viz., a complete cure of the aneurism. Such a result does not often follow; indeed, so little good has been gained by it, in a large majority of cases, that its entire abandonment has been recommended. When the aneurismal sac can be perfectly commanded, as when situated on the vertex, side of the head, &c., perhaps it would be best to commence the attack, at once, upon the tumor; but when it is otherwise, when it cannot be safely *entrenched* by the scalpel and ligature, there can then be no doubt as to the expediency of tying the carotid. If it succeeds—well; if not, there is no harm done.

March 12, 1835, Mrs. Rolls, aged twenty-three years, the wife of a soldier in the U. S. service, stationed at Fort Preble, in the sixth month of utero-gestation, and the mother of two children, had a pulsating tumor, extending from just above the angle of the left lower jaw, passing upwards, behind and nearly an inch above the ear. Its lateral diameter—i. e., from the ear backwards—was rather more than an inch. She discovered it two years before, immediately after a *severe attack of scolding*. It had increased very much within the last two or three months. Complains of thundering and throbbing in the left ear, with deep-seated pain and throbbing in the left orbit. In all other respects her health was perfect.

Assisted by Drs. Barrett and Merrill, of this city, I tied the primitive carotid artery just above the point where it is crossed by the omo hyoideus muscle, with a flaxen ligature. The tumor immediately disappeared, together with all pulsation and throbbing in the ear and eye. She complained of pain just under the ear. Dressed the wound by stitch, adhesive straps, lint and handkerchief. Made pressure upon the site of the aneurism by compress and bandage, which was continued while she was under my care. Ordered neutral salts at bed-time; diet, gruel.

13. Has had but little rest; head aches; vomited several times in the night. The pain was confined to the left side of the head in the night, but it is now over the eyes. Tongue a little furred; bowels had moved; pulse hard and small; no pain in the neck. Vs. f℥xvi. This afforded perfect relief. Ordered an infusion of rhubarb, with carb. soda and anise seed, to be taken in small quantities. Take a few drops of laudanum in case of much gastric disturbance, and an injection of starch in the evening.

14. Very comfortable. Slept six hours last night; impatient for something to eat. Neck stiff and sore, but has been entirely free from pain since bleeding. Keep still and continue water gruel.

15. No pain; pulse 90, small; tongue a little furred, but has some appetite; complains of weakness; bowels moved yesterday. Was comfortable till last evening, when, after eating a roasted apple, she became very sick, with intolerable pain the head, and numbness of the

tongue, all which symptoms subsided as soon as she ejected the apple. After this, slept well. Continue gruel, and tr. opii if needed.

16. Complains of vertigo; appetite poor; pulse 70. Took six drops tr. opii last evening. Continue gruel, and tr. opii if necessary.

17. Vertigo continues; feels weak; wound nearly healed. Temperature of the left cheek we judged to be ten degrees lower than that of the right.

20. Vertigo diminished; pulse 75; appears to be doing perfectly well.

25. Feels quite well, only a little weak. Has had severe pain in the head for a short time; thinks it was occasioned by inanition. Three days ago felt a throbbing in the ear for a short time. Allowed a little animal food at noon. Tea and dry toast morning and evening.

April 1. Ligature retained; soreness above it, and surrounded by fungous granulations. Applied caustic. On examining the site of the tumor, felt slight pulsation. Feel fearful the operation will be useless.

4. Now quite well, but says she has had one or two attacks of throbbing in the ear and eye.

12. Ligature came away this morning. She appears well; has had no pain or throbbing since the 4th. The aneurismal tumor is scarcely perceptible, and all pulsation has ceased. Thus far the operation appears to be successful, notwithstanding the unpropitious circumstances observed on the 1st and 4th.

The above is transcribed from my Memoria Medica. I lost sight of her from that time, she having followed her husband to another military station. I have never heard from her since, till a few weeks ago, when I met a gentleman of considerable intelligence, from Florida, who knew her there as well as here, and says she had never felt a symptom of the aneurism up to the time of his leaving the station in the summer of 1838.

You will have my entire approbation to dispose of this just as you please. If it is not thought worthy of a place in your Journal, you are entirely at liberty to consign it to the tomb of the Capulets.

With much respect,
Portland, Me., Feb. 16, 1839. J. W. MIGHELS.

ABSCESSES IN THE THORAX, &c.

[Communicated for the Boston Medical and Surgical Journal.]

THE opening of abscesses deeply seated in the viscera of the thorax, abdomen, &c., particularly when seated in the substance of the liver, lungs, &c. (and likewise the opening of tumors situated over large arteries, when it cannot be certainly determined whether these tumors are aneurisms or not), are very important and hazardous operations. We are sometimes urged, and even pressed, by the patient or his friends, to perform the above operations, and that when the existence of matter cannot be clearly ascertained; and the result, of course, must be doubtful in such cases, which indeed are but few. We should be very careful to remind the patient and his friends that we must expect sometimes to be disappointed; but after all our precaution, it is very unpleasant to the operator, the patient, and his friends, to perform a useless operation. No prudent surgeon would urge such an operation, nor would he operate on his own responsibility; he should always request a full council.

Yet there are cases in which we may be certain of the existence of matter in the lungs or cavity of the thorax; but when we have made the incision, no matter is discharged. In such cases we may have told the patient and his friends that the matter laid much deeper than we expected. On examination, before the operation, by laying the hand on the side, when the patient coughed we could plainly feel the matter dash against the ribs—we could likewise hear it, as we supposed; and we expected to have found the matter in immediate contact with the ribs, or very near—but we have now found that the matter is in the substance of the lungs, and to thrust a cutting instrument deep into the lungs might be immediately fatal. Yet we should hope that by keeping the wound open by a tent, the matter would eventually be discharged by the opening; and this has, in several instances, been the case, though in other cases the patient has suddenly died from suffocation in consequence of the abscess bursting into the bronchia; and in other cases the patient has sunk under the disease before the matter found its way to the opening, which has often put the operation in a bad light. The friends of the patient have been disappointed, and have in some instances supposed that the operation had shortened his days, or even might have been the occasion of his death. At least, such operations do not add much to the credit of the surgeon, and are always unsatisfactory to the friends of the patient, and, what is of much more importance, there is strong reason to believe that could such abscesses be opened at a proper time and manner, the patient's life might often be preserved.

In the course of more than thirty years' practice, I have seen many cases of the above description, and have been much perplexed in their treatment. Though in general I could satisfy myself as to the existence of matter, to know its exact situation was difficult. Yet this may in general be pretty nearly ascertained; but to discharge a deep-seated abscess of the lungs or liver, is at least a difficult operation. In all the operations in which I have been concerned, in the before-named cases, there has been an adhesion of the lungs to the pleura, and of the liver to the peritoneum. In failure of this, the operation would be attended with much more hazard, and recovery be more doubtful. In one case of which I had knowledge, where an opening was made into the cavity of the thorax, and where the pleura did not adhere to the lungs, respiration was suspended for a short time. As the air is admitted by the opening to one side of the thorax only, were we sure that the lung on the other side was completely sound, the risk in general would not be great; but in such cases as we are usually called to operate on, it is often found that neither of the lungs is entirely sound; besides, abscesses of the lungs are often complicated with dropsy of the chest, lesion of the heart, &c.

I would, for these reasons, recommend, before the operation, a careful inquiry as regards the above particulars, and to ascertain as near as possible whether there is adhesion of the lung which we are about to operate on, to the side; whether there is reason to expect that the other lung is capable of supporting respiration, and sufficiently sound to support the circulation, oxygenation, &c., of the blood; whether there is dropsy of the chest, heart, or lungs. After the most careful inquiry, should there be no important objection from any of the preceding circumstances, we may consent to operate, and possibly hold out to the patient some prospect of a final recovery, and considerable hope, at least, of an alleviation of his sufferings. After making an incision into the cavity of the thorax, should there be adhesion of the lung to the pleura, the lung may be penetrated a short distance by a small trocar covered with a canula; or a silver tube with a steel stilet, say one sixteenth of an inch in diameter, may be carefully passed into the substance of the lung, a very short distance, say half an inch; and should you have reached the cavity of the abscess, by frequently withdrawing the stilet, while you still retain the canula within the cavity of the abscess, you will find a little matter adhering to it.* But when I have not, by this method, been able to reach the cavity of the abscess, I have succeeded in the following manner, viz. I take a common silver probe, say six inches in length, with a small round point like a ball, which should be very smooth, and somewhat larger in diameter than the probe. This instrument I choose because it will not readily enter the coats of an artery or vein, when gently and cautiously introduced. This I gradually introduce by very moderate and cautious pressure, gently rolling it, by which means the vessels will yield to one side or the other, and the probe pass on without injury. When the probe has penetrated to the walls of the abscess, we may expect more resistance than in any other part of its course; but by gentle pressure—for none other should be ever used—and rolling the probe from side to side, it will, doubtless, penetrate. When this is effected, it will be known by its passing without resistance. I now take a small director, of the usual length, and gently introduce it into the cavity of the abscess, by means of the probe which I still retain in its situation in the cavity of the abscess. Now, by holding the probe firm with one hand, while I take the director in the other, I gradually distend the opening till the matter is discharged.

Job Wilson, M.D.

Franklin, N. H., Feb. 12, 1839.

THE STATE LUNATIC HOSPITAL AT WORCESTER.

[The following are selected from the large number of interesting facts contained in Dr. Woodward's last annual report.]

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* I was once called to operate for an aneurism of the carotid artery at the angle of the lower jaw. I supposed that possibly it might not be an aneurism, though it pulsated strongly, and was of several months' standing, and to cut down and take up the carotid artery, or to open an aneurism for an abscess, were operations too important to hazard. To be certain, if possible, in this case, was of the first importance. In order to ascertain the nature of the disease, I took the canula and stilet before described, and passed it into the cavity of the pulsating tumor. After withdrawing the stilet several times, while I retained the canula firm in the cavity of the tumor, I clearly ascertained that it contained pus, and was no aneurism. Of course it was unnecessary to take up the carotid artery.

In the course of the last year, there have been admitted 177 patients, a greater number than has heretofore been admitted in any single year. Of these, 96 were males and 81 were females; 82 were of less duration than one year, 45 males and 37 females, and 95 of longer duration than one year, 51 males and 44 females.

At the close of the year there were in the hospital 218 patients, of whom 115 were males and 103 were females. Of this number of cases 28 are of duration less than one year, and 190 of duration longer than one year.

During the year there have been in the hospital 362 patients, 177 of whom were admitted in the course of the year, and 185 were in the hospital at the commencement of the year.

There have been discharged during the year, including deaths, 144 patients, of whom 84 were males and 60 were females. 76 of these recovered, 45 males and 31 females; 24 were improved, 11 males and 13 females; 14 were not improved, 8 males and 6 females; 14 were discharged harmless and incurable, for want of room, 10 males and 4 females; and 16 have died, 10 males and 6 females.

Of this number of cases discharged, 74 were of less duration than one year, 47 males and 27 females. Of these 64 recovered, 38 males and 26 females; 6 were discharged improved, 2 males and 4 females; 4 have died, 3 males and 1 female.

Of the number of cases discharged, 70 were of duration longer than one year. Of these 42 were males and 28 were females; 12 recovered, 7 males and 5 females; 18 were discharged improved, 10 males and 8 females; and 12 died, 7 males and 5 females.

Respecting the ages of patients now in the hospital, of any 10 years, the greatest number of patients are between 30 and 40 years of age, few are under 20, and more are between the ages of 40 and 50 than between 20 and 30. This, it is believed, is different from the fact with most hospitals for the insane, and may be accounted for, in part, from the accumulation of old cases in this hospital, which was originally designed principally for incurables, many of whom will continue within its wards while life remains.

The average number for the year 1837 was 163; the average number for the year 1838 is 211, a difference of 55 in the average of the two years.

At this time the hospital is as full of patients as it is desirable that it should ever be, and without the lodges, which should never be estimated as a part of the accommodations of the establishment, is already more than full.

The recoveries of mania are about 60 per cent., and the recoveries of melancholia about 59 per cent., while recoveries of dementia, as we use the term, are from 2 to 3 per cent. only.

The great list of employments in the table show conclusively that all mankind, of whatever pursuits, are liable to the evil, and that little can be said of the occupation as a cause of the insanity in any case.

The number of single persons continues to be much larger than the married, as has always been the case in the hospital. During the last year, we have received 101 patients that have never been married, 65 married, and 11 in a state of widowhood.

Intemperance continues to be a prominent cause, but we are happy to think it is less frequent than formerly. It will elsewhere be recorded that this cause, during the first three years of the hospital, gave origin to 25 per cent. of the cases of insanity admitted, while it is supposed to be the cause in but 14 per cent. of the cases admitted the last three years. If this is any indication of the proportionate diminution of its influence in other respects, unfavorable to public health and public morals, the prospect is most cheering. We have had no case of delirium tremens for the last year, and very few since the institution was opened.

The number of admissions from religious causes has been about the same as usual the past year. A subject so deeply interesting to the human mind as its eternal well-being, must ever have an agency in the production of insanity; these cases come in bold relief before us, and we deprecate the influence which has produced them. All the most valuable institutions of society, however, are liable to the same objections—marriage, education and civilization, as well as christianity, are the causes of insanity in many cases, though it is not the legitimate tendency of any of them to produce this effect.

The number of admissions from masturbation, the last year, has been less, and the cases of a more favorable character. 6 cases only are known to have arisen from this cause; but probably 3 or 4 others may have done so. 4 or 5 of these cases have recovered, and have been discharged with such feelings of the nature and tendency of the practice, as it may confidently be hoped will ensure them from future indulgence and its consequences.

The ascertained causes of insanity in the 855 cases at this hospital, rank thus: 1, intemperance; 2, ill health of all kinds; 3, masturbation; 4, domestic afflictions; 5, religious excitements; 6, loss of property and fear of poverty; 7, disappointed ambition; 8, injuries of the head; 9, use of snuff and tobacco. In a few cases, the cause of the insanity is unknown. Foreigners and citizens of other States found insane in this, have occasionally been committed, whose histories could not be ascertained. Probably we should approximate the truth very closely in distributing the unknown causes under the above heads, according to their relative proportions.

Of the whole number of cases admitted into the hospital, 334 were of less duration than one year, of which there are recovered or supposed curable, 294, which is 88 per cent. From one to two years' duration, 118; recovered or supposed curable, 79, a fraction more than 66 per cent. From two to five years' duration, 141; recovered or supposed curable, 45, a little less than 36 per cent. From five to ten years' duration, 96; recovered or supposed curable, 12, or 12½ per cent. Over ten years' duration, 118; recovered, 4, less than 3½ per cent.

During the last year, the recoveries of patients in whom insanity commenced under 20 years of age, has been 46 per cent.; in those between 20 and 25, 51 1-3 per cent.; between 25 and 30, 42 per cent.;

between 30 and 35, 51 per cent.; between 35 and 40, 51 per cent.; between 40 and 45, 67 per cent.; between 50 and 55, 60 per cent.; between 55 and 60, 66 per cent.; between 60 and 65, 90 per cent.; between 65 and 70, 67 per cent.; after the age of 70, 57 per cent.

Of the deaths that have occurred in the hospital, 12 have been of recent cases, and 41 of old cases. No one has died of fever, and 4 only of inflammatory disease.

The proportion of deaths must be considered small for the number of the imbecile, feeble and diseased that have annually been brought to our care, being only 53 of 855, a little more than 6 per cent.; the average on the number in the hospital each year, is about 3½ per cent.

Recovery of insanity from certain causes: From intemperance, 51 1-3 per cent. Domestic afflictions, 58 per cent. Ill health, 62½ per cent. Religious causes, 55½ per cent. Masturbation, 18½ per cent.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 27, 1839.

SURGICAL APPARATUS.

The idea of presenting anything altogether new in surgery, at this period, is preposterous; yet it is nevertheless true that excellent things may be had in the way of apparatus, very much superior to a majority of the machinery in common use, for splinting limbs, making extension, or confining fractured bones. We happened to have a pleasant interview, a few days since, with Dr. L. Howe, an ingenious and skilful surgeon, of Jaffrey, N. H., who, without designing to seek notoriety, favored us with an examination of several instruments of his contrivance, designed originally for his individual convenience, in his own circle of practice. They were so well adapted to the particular condition of bones in various kinds of fractures, so very economical, too, and likewise so much superior to the trumpery called splints now on sale throughout the country, that we really believe the extensive manufacture of Dr. Howe's inventions would be a public service.

First, he has a pully, connected with a regulating windlass, for the management of fractures of the neck or shaft of the femoris, simple in its construction, but precisely what would be wanted under such circumstances. It strikes every one at all acquainted with the anatomy of the thigh, as being superior to any contrivance used in public institutions.

Next, a *posterior-concave splint*, with a rachet-wheel windlass, for controlling fractures of the lower limbs, is equally ingenious, and quite as useful as the other, either in extensive private surgical practice, or in a hospital. It is at first view so obvious that both of these machines are strictly philosophical, that they would soon have repute if they were once put on sale.

Besides these, there are several flexible cases, which open to receive fractured limbs, and afterwards are buckled down firmly. They are made of painted cloth—but quite useless to those possessing the instruments just described. After a close examination of these boxes, for such they are in fact, we have come to the conclusion that they are no better than the felt splints, or many other schemes familiar to surgeons for keeping bones in place.

A third invention, valuable in its place, is called the *ulna elevator*, which is a semicircular spring, padded at each extremity, and managed by a regulating screw. Those who have had experience in fractures of the lower end of the ulna, know how extremely difficult it is to keep the head in its place. The elevator is adjusted with a nicety which wholly relieves the surgeon from anxiety as to the result, while the patient is saved from unnecessary pain, or bandaging. We look upon this as an entirely new instrument.

Lastly, Dr. Howe's *semicircular tourniquet* is no less ingenious than those we have been describing. One of the principal objections to a common garter tourniquet arises from the circumstance that it becomes a ligature, confining both veins and arteries. With this, the pressure is made on two points only, viz., on the artery and the bone opposite. No interruption is given to the venous circulation or the smaller class of arteries in the muscles by this, which is managed by a fine-threaded screw.

Having neither the instruments or drawings of them, with the exception of the tourniquet, it is quite difficult to describe them with precision; and, what is worse still, none of them are to be had in Boston or any other city, having never yet been put on sale.

One object in these remarks is to urge our country friends to persuade Dr. Howe either to supply the principal cities with his instruments, or else allow some of our instrument-makers to do it. If Mr. Phelps, of Court street, once had permission, we are confident that he would soon convince surgeons, far and near, that this apparatus, as far as it goes, is superior to any now known to them for controlling fractured bones.

Scarlet Fever.—Notwithstanding the frequent calls we have made upon the profession to answer this question—why is not the scarlet fever managed with more success than the bills of mortality show it to be, in the United States? it is again urged upon the consideration of practitioners. In Boston, in 1831, 58 persons died of scarlet fever; in 1832, 149; in 1833, 61; in 1834, 28; in 1835, 46; in 1836, 16; in 1837, 39; and in 1838, 91. In the month of January last, 34 died, and up to February 20th, present date, 20 more have been carried off by this same besom of destruction. The malady has been, perhaps, equally destructive in all the cities and large inland towns on the seacoast, during the same years. Still we hear of no improvements in practice. There is a plenty of fine-spun theory abroad, a quantum suf. of which has been sent (yet unpublished) to our address; but this is by no means satisfactory. Till the mortality is actually lessened by medicine, we shall be slow to believe that scarlet fever is well treated. That we might be satisfied that all human exertion had been made to save a patient—that all the knowledge and all the experience of a gentleman, who has lost as many patients by the scarlet fever as any man of his age, had been brought to bear, we were lately invited to examine a case. It was precisely as represented; whatever others had given, was given here, and the practice was as mechanical as the operations of a carding machine. Everything operated kindly, and—the patient died. Cannot some new rule of practice be devised, combining more advantages than the old? This is a plain and important question—for there is an urgency; a very few, only, recover, and therefore it is inferred that a new mode of treatment is required in this climate.

Dr. Hamilton.—The appointment of Dr. F. H. Hamilton, of Auburn, N. Y., to the chair of Surgery in the Western College of Physicians and Surgeons, at Fairfield, seems to be very satisfactory to the public. He is a persevering, industrious student, and therefore will succeed anywhere. Men of his power and activity, to say nothing of genius, are very much needed in more than half of the medical schools in the Union. Everything goes by management in these degenerate times. To one person fitted by nature for the station of a lecturer on science—in too many scientific institutions—there are ten stupid leaden-headed drags, who neither elevate themselves, or advance the cause of useful knowledge. It is strange that those who have the care and keeping of the honor of medical seminaries do not open their eyes to the monstrous and glaring iniquity of putting cousins, nephews, and almost aunts, into chairs which it is not possible for them to sustain with dignity, or profit to the world. Yet all this is done, to the disgrace of the age, while those most competent are left to grope through life in obscurity. The election of Dr. Hamilton is one of those deviations from the common policy of our medical schools, which actually excites our encouragement—for he is a man of rare talents, and has in no way played a second fiddle to any of the old orchestra.

Division of the Tendo-Achillis.—Dr. Brown, of the Orthopedic Institution, in this city, performed the above-named operation on Thursday last, upon a little unfortunate child, by the name of Julia Ann Gowers, which promises the happiest results. Both feet were clubbed, which must always be considered a very bad deformity. By cutting off the great heel-cord of each foot—which was done almost in a twinkling, without loss of blood—both feet were easily brought into a natural and useful position. The cure is going on admirably, and the prospect now is, that in the course of a few weeks the patient (only three years old) will have a pair of feet nearly as good as they would have been, had there been no congenital malformation.

Massachusetts General Hospital.—The following officers have been elected for the current year.

Consulting Physicians.—Drs. James Jackson, Geo. C. Shattuck, John Randall, and John Homans.

Consulting Surgeons.—Drs. George B. Doane, John Jeffries, Abel L. Peirson, and Edward Reynolds.

Physicians.—Drs. Jacob Bigelow, Enoch Hale, and John Ware.

Surgeons.—Drs. John C. Warren, George Hayward, and Solomon D. Townsend.

Assistant Physician.—Dr. Henry I. Bowditch.

Superintendent of Hospital.—Dr. G. Bradford.

Physician and Superintendent of McLean Asylum.—Dr. L. V. Bell.

Hudson Lunatic Asylum.—S. & G. H. White, M.D., proprietors. During the year 1838, 98 patients have enjoyed the benefits of this institution. Sixty have been admitted during the year, and thirty-eight were remaining at the close of 1837. The whole number of recent cases, 30; chronic do., 65; intemperate, 3.

Of the recent cases, 15 recovered; 5 convalescent; 5 improving; 1 unimproved; 4 died. Of the chronic cases, 9 recovered; 6 convalescent; 21 much improved; 15 improving; 10 stationary; 4 died. Intemperate, 2 reformed; 1 unreformed. Remaining, January 1, 1838, 43 patients, to wit: Chronic cases, 33; recent do., 10.

Since the opening of this institution, a period of eight years and a half, four hundred and ten patients have been admitted.

Family worship has been continued during the past year, with beneficial effects, which all the quiet patients have had the the privilege of enjoying.

Marshall Hall's Lectures on the Theory and Practice of Medicine.—We learn that Messrs. C. C. Little & Co., of this city, have in press and will speedily publish Dr. M. Hall's Lectures on the Theory and Practice of Medicine, extracts from which have appeared in the two preceding volumes of this Journal. The American edition is revised, and will contain considerable additions by Drs. J. Bigelow and O. W. Holmes, of this city.

Medical Miscellany.—It is said that a Philadelphia physician is about establishing a private hospital at Havana.—During the terrible destruction by the late earthquake in the Island of Martinique, the hospital of Port Royal was thrown down, and advices say one hundred patients, lying in the wards, were buried in the ruins.—The Medical Examiner states that the American Philosophical Society has declined acceding to the proposal from Boston, relative to an American Institution for the Cultivation of Science.—The yellow fever is making frightful havoc at Martinique.—Rev. Dr. Matthews, Chancellor of the University of New York, has resigned his office, and now we trust the medical department of the institution will prosper.—Mr. Combe will give a second course of lectures, beginning the 28th inst., at Philadelphia.—The Legislature of Massachusetts had a letter laid before it last week, from the Board of Administrators of the Charity Hospital, at New Orleans. What can it be about?—A horrible case of hydrophobia, which terminated fatally, in the person of a Mrs. Kelly, recently occurred at Lancaster, Penn.—Dr. Holmes, of Sorel, Canada, has been arrested for the perpetration of a horrid murder, near Quebec.—Dr. Parsons, of Providence, R. I., has a patient under his care, who was wounded by a shot that nearly divided the large intestine: there is a prospect of recovery.

To Correspondents.—The wood-cuts to illustrate Dr. Wallace's paper on the eye, were not finished in season for this No. The article shall appear next week.

Dr Curtis, of Columbus, Ohio, can procure the Class-Book of Anatomy, 3d edition, together with the American Medical Almanac for 1839, at Philadelphia, Louisville, Ky., or at Cincinnati. We would transmit both works, with pleasure, as requested, but we know of no mode of conveyance from Boston.

Whole number of deaths in Boston for the week ending February 23, 33. Males, 19—females, 14.

Of consumption, 8—convulsions, 1—scarlet fever, 6—old age, 2—lung fever, 2—apoplexy, 1—hooping cough, 2—child-bed fever, 1—inflammation of the bowels, 1—croup, 1—infantile, 2—canker in the bowels, 1—erysipelas, 1—scald, 1—diarrhœa, 1—marasmus, 1.

AUBURN MEDICAL SCHOOL.

Drs. F. H. Hamilton and **Owen Munson**, being associated in the practice of medicine and surgery, will commence their course of private instruction on the 1st of March, 1839.

A series of lectures on Surgery and Surgical Anatomy, will be given by Dr. Hamilton, continuing six months from the first of March: two lectures per week. All the principal operations in surgery will be performed in the presence of the class.

The students will also be daily instructed and examined in the other branches of medical science. Terms—$24 per year; payable half yearly, in advance. Feb. 20—tMI

VERMONT MEDICAL COLLEGE.

The annual course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. Childs, M.D.
General and Special Anatomy and Physiology, by	Robert Watts, Jr., M.D.
Principles and Practice of Surgery, by	Gilman Kimball, M.D.
Chemistry and Materia Medica, by	David Palmer, M.D.
Medical Jurisprudence, by	Norman Williams, A.M.

Fees for the course—$50. Graduation—$18. For those who have attended two courses, but do not graduate—$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in the village on reasonable terms. By order of the Board of Trustees, N. WILLIAMS, Secretary.

Woodstock, Vt., Feb. 5, 1839. Feb. 20—3t

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess D'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafield, Professor Francis U. Johnston, President County Medical Society; Laurens Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,
Office 4 Vesey Street, Astor House, New York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $10. Feb. 13—6m

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PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.

Oct. 17—1yeop

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THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

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EMETICS IN SCARLATINA.

[The last No. of the Transylvania Medical Journal contains a dissertation on scarlatina, by Professor Cross. We extract from it the following remarks on the use of emetics in this disease.]

As has been already remarked, an emetic should be exhibited on the first intimation of the existence of scarlatina, and it should be repeated, according to circumstances, throughout the whole course of the disease. This should be done whether it consist in cutaneous inflammation merely, or be complicated with secondary lesions. If the former, we use them to prevent the supervention of the latter; and if the latter, to moderate and subdue them. There are those who condemn them, and particularly Dr. Armstrong, in cases of the latter description. This, however, does not accord with our experience, for, unless there is gastro-enteric congestion or inflammation, there is no reason to fear they will prove prejudicial. The powerful centrifugal impulse they give to the blood has the effect not only to prevent the formation of, but to remove local congestions. Though emetics are decidedly useful in the management of secondary lesions, they are certainly much more efficacious in preventing them. They effectually clear the air-passages—secure the complete arterialization of the blood, and thus prevent debility and the formation of local determinations and congestions. Recourse should, therefore, be had at once to vomiting, and we should not injudiciously waste time in the employment of the other and much less efficacious means.

The stage of the disease should not be considered an argument against the use of emetics. Respiration may be already very much oppressed—local lesions may have already formed, and debility may already prevail to a considerable extent, and yet we should not be deterred from their prompt and decided use. It is certain that the danger consists in the morbid state of the mucous lining of the air-passages, and this every moment increasing, death must result, if it is not speedily removed. No compromise or hesitation is consequently admissible, for however much, in certain debilitated states of the system, we may dread the exhausting effects of emetics, it must be risked until safer means of clearing the air-passages can be discovered. Generally this apprehension is gratuitous and unfounded, for so far from increasing, the debility is much diminished. If the emetic has the effect to remove any considerable portion of the secretions accumulated in the air-passages, the blood in circulating through the lungs will be more fully exposed to the action of the air; and from its improved condition, the system will derive strength. This change in the blood is sometimes rendered very obvious in the lighter complexion which the eruption, before dark and livid, assumes. And if even the slightest improvement in this respect is observed to follow emesis, we have the greatest encouragement to persevere, for we have every reason to believe that if sufficiently often repeated and in sufficiently rapid succession, we shall ultimately triumph. This is indispensable, for if their repetition is not strictly enforced, it is easy to lose what little ground has been gained, for in a short time the respiratory passages will be found as much obstructed and the eruption of as dark a hue as before. To a neglect of this precaution, in a great degree, we are satisfied should be ascribed the unsatisfactory results that have often followed emetics, and also, much of the vagueness with which they are spoken of by authors.

While we recommend vomiting as of the greatest efficacy in scarlatina, we would not be understood to intimate that it is of no importance by what article it is excited. On the contrary, our success will mainly depend on the selection we make. The articles that have been used are tartar emetic, sanguinaria Canadensis and ipecacuanha.

The first article, just mentioned, has not only been used, but has been spoken of in terms of decided approval. The confidence which has been reposed in it is misplaced, and the error thus committed is fraught with the greatest danger. Given occasionally, perhaps two or three times in the course of the disease, as is the common practice, it will not probably prove very prejudicial. From what has been said, however, this is not the way in which emetics are to be used, if we would derive much benefit from them. They are to be administered as often as the condition of the air-passages may require, and if tartar emetic is thus used, instead of preventing, it would infallibly produce exhaustion. The relaxation and the severe discharges of which it is invariably the cause, when often repeated, would prostrate without being productive of any commensurate advantage. Tartar emetic is also a powerful irritant, and if given in any disease where there is a tendency to gastro-enteric congestion, it will be certain to produce it, and by its injudicious repetition gastro-enteric inflammation will result. Instead, therefore, of being useful, the disease is exasperated by the production of a secondary lesion. It is very much disposed to act on the bowels, in consequence of the irritation it excites, and thus we run the risk of producing diarrhœa. This should be strictly avoided if possible, for nothing more rapidly exhausts the strength or is a source of more danger. For these reasons and others that might be mentioned, we look upon tartar emetic as an exceedingly dangerous remedy in scarlatina, and one that should never be employed. We venture thus decidedly to condemn it, notwithstanding it is in very general use and is much commended by those who confide in emetics, because we are persuaded the production of the effects just referred to has tended very much to impair the confidence that may be safely reposed in emesis.

Sanguinaria Canadensis has been much commended by Dr. Tully, but as we have no personal knowledge of its effects, we will not venture to decide upon its merits, though we are not inclined to believe it will ever be substituted for ipecacuanha, an article which, so far as we have been enabled to judge of it from personal observation, is not obnoxious to the aversion of one of the objections that have been urged against tartar emetic. From its repetition as often as was deemed necessary in the severest cases that occurred under our observation, we never had reason to consider it the cause of gastro-enteric irritation, of general exhaustion, or of diarrhœa.

For the first time, in the year 1832, when scarlatina prevailed to a very great extent in this county as an epidemic, I had recourse to ipecacuanha in the way I have already mentioned. Several times previously, however, I had seen this disease, and had always treated it in accordance with the ordinary modes; but my success was anything but satisfactory. Since my main reliance has been on ipecacuanha, the results of my treatment have been so very different, that I now regard the disease as in a great degree divested of its former terrors. My success, if it has not surpassed, has at least equalled that of any other physician of whom I have read or with whom I am acquainted. In the summer and autumn of 1832, when scarlatina was very prevalent in this county, I had under my care sixty-seven cases, all of which, with the exception of one, recovered. The fatal case occurred in a lady about 35 years of age; she had suffered under the disease six days when I saw her for the first time, and she died early on the eighth day. When first seen her situation was considered hopeless. Since the year to which reference has been made, I have seen about the same number of cases, and have been uniformly successful, so that of about one hundred and twenty cases, but one proved fatal. My confidence in ipecacuanha was made known to a number of physicians, several of whom made a faithful trial of it in the way recommended, and although their success was not so complete as that realized by myself, it was sufficiently satisfactory to induce them to rely upon it in future.

DISSERTATION ON GENERATION.

BY B. F. BUGARD, A.B.

[Sustained at his public examination for the degree of Doctor in Medicine, before the Faculty of Medicine of Harvard University, February 8, 1839.]

The variety of beings that people the world is so great, that the human mind can hardly conceive or imagine their number; and the philosopher who observes the march of nature, cannot help perceiving a creating power, the sole principle of life, constantly engaged in the production of new beings, without appearing to provide for their future existence. Though this latter opinion may be opposed to that of many, were it necessary to give proofs in support of it, perhaps it might not be difficult to find them in the fact that races of animals have existed, became extinct, and were replaced by others that still exist, which probably will disappear in their turn, and make room for new ones.

The Creator, however, in giving life to millions of different species of beings, has not been willing that they should immediately pass from his creating hand into nothingness; consequently he has given to each one, not only the means of existence, but also those of reproduction; even more, he has established in each individual, the desire, or rather the want, of contributing to this latter important preserving function.

The means and organs employed in this function are different among the different species of animals, though they all present a very great analogy. In this dissertation I shall only consider those that more intimately belong to mankind.

Like most animals, the human species, in order to reproduce itself, requires the participation of two beings, a male and a female. The act of reproduction may be divided into three parts, or three different periods, viz., fecundation, gestation, and labor or delivery. The two sexes simultaneously co-operate in the first of these functions, the male as fecundating agent, and the female as fecundated; the two others belong exclusively to the latter. Thus my subject is naturally divided into three parts, which I shall successively consider.

Of Fecundation.—Fecundation is the successful result of the union of a male and a female, by which the dormant rudiments or principles of a new being, secreted by the female, are put into action by the contact of the sperm or fecundating principle secreted by the male, that they may be developed and acquire an independent life.

With regard to the sexual parts of the male, the texture of the corpus cavernosum and corpus spongiosum, which constitute the penis, are composed of an infinite number of branches of arteries, which anastomose in every direction, and their interstices are filled by an infinite number of minute veins, which anastomose also in every direction, thus forming a kind of cellular and porous body. It is not difficult to conceive that such an organ, made up with elastic tubes, must be very flaccid when those tubes are empty, and hard in proportion as they are more or less filled. Besides, this fact is easily ascertained by the injection of the veins or arteries, or of both, which always produce the erection of the dead penis. How that injection takes place in the living penis, and when it is established, how it maintains itself or ceases, remains to be seen.

It is probable, if not ascertained, that the arteries of the corpus cavernosum and corpus spongiosum communicate quite freely by their extremities with the origin of the veins, into which they pour the blood which they contain; and I am induced to suppose that at the origin of the penis, the arteries, however small they may be, are provided with sphincters, which are submitted to the influence of the nervous system, and that when an exciting cause is present, those sphincters expand, that the arterial blood may pass, and in this manner exert a pressure upon the neighboring veins, the openings of which are thus closed at the very root of that organ, so that the blood which is forced into the arteries, and consequently into the veins, cannot escape as long as the dilatation of the sphincters exists; but as soon as the exciting cause ceases, the sphincters of the arteries close themselves, the pressure on those vessels, and consequently on the veins, is removed, and the blood immediately returns to the heart. Thus, when the orifices of the arteries are open and those of the veins closed, erection is produced, and continues as long as the parts remain under the same influence and in the same situation—as long as the arterial pressure is not prevented, and the blood is retained in the veins; but as soon as fatigue, caused by the arterial pressure, commences, the sphincters naturally close themselves, the blood escapes from the veins, and the flaccidity of the penis takes place. As to the action of the sphincters of the arteries, it is doubtless submitted, like that of all the muscles, to the influence of the nervous system.

The nature of the fecundating principle, called sperm, or seminal fluid, secreted by the testicles of man, does not seem to be perfectly established. However, according to the observations of modern physiologists, it seems to be composed of a mucous part and organic or organized molecules. Some physiologists think that with these two parts is a third substance, which they call *aura seminalis*, the existence of which is denied by others, but which appears to me to be highly probable.

The mystery in which the act of fecundation is enveloped, has given rise to several theories, which are more or less absurd as they present more or less objections, and as they explain satisfactorily or otherwise the phenomena which excite the interest, the attention, or at least the curiosity, of the observer of nature. Of all these theories, the first, that of the seminalists, who believed the embryo was formed by the mixture of the seminal fluid of the male with a somewhat similar fluid emitted by the female, was replaced by that of the ovists, because the latter discovered, in the female testicles or ovaries, vesicles to which they gave the name of ova, and the organs that contained them were called ovaries. But the difficulty of explaining how these *ova* could pass into the uterus, caused the system of the seminalists to prevail until Fallopius, of Modena, who lived in the sixteenth century, discovered the tubes since called, from his name, the Fallopian tubes. But in the seventeenth century, Lewenhœck and Harsœker, Dutch physicians, having discovered that living animals were to be found in the seminal fluid, established the system of animalists, which was generally admitted until Lieuberculn, of Berlin, found that what had been taken for animals was, in fact, but organic molecules, contained in the fluid emitted by woman in as large numbers as in that produced by man. The system of the ovists was then re-established, and has been maintained to this day, not without causing, however, many different opinions as to the manner in which the ova are fecundated. All these opinions, sustained and opposed by arguments that are more or less ingenious, without ever being convincing, leave to those who seek information in the experience of others, but the sad alternative of making no choice, or of adopting the system that presents the least objections or difficulties.

However, most physiologists think that fecundation cannot be effected without the contact of the seminal fluid of the male with the ovum in the ovary. Others think that contact is not necessary, and that fecundation is the effect of the sympathy which exists between the ovaries, the uterus and vagina; they give, as proofs of this opinion, instances of fecundation where the passage to the uterus was interrupted either by a hymen extremely difficult to tear, or by some adhesion in the vagina. But may we not inquire whether these adhesions in the vagina could not be the result of a local inflammation that had taken place after fecundation; and whether the hymen, after having been lacerated, could not have been re-united by adhesion by first intention; and even whether the thickness and hardness of that organ, which is generally very thin and tender, are not proofs that its texture was altered, first by a morbid, and then by a repairing action. Such an adhesion is certainly probable —nay, more, seems to be quite natural, especially when it is considered that the lacerated parts are soon after the laceration naturally put in contact, and even pressed against each other. As for myself I think that it is only by the communication of the sperm with the ovaries that fecundation can take place. What makes me think so is the form and disposition of the appendages of the uterus, and the successful means that are employed by some women who like to enjoy the venereal pleasures without exposing themselves to the disagreeable consequences of conception. But I shall have occasion to re-consider this part of my subject.

Not satisfied with the theories generally received on many points relating to the subject of this dissertation, I have been led to different views, which I shall try to explain. The rudiments or principles of whatever woman is destined to produce, consist of the small vesicles which were called ova, but which hereafter I shall designate by the name of vesicles, and the organs that secrete them I shall call vesicular glands. I prefer these names to those of ova and ovaries, on account of the want of analogy between the objects these are intended to represent and the ova and ovaries of *non-mammalia* animals, to which they were originally given, and to which they should exclusively belong; for, without entering into other details to show their misapplication in the *mammalia* species, it will be quite sufficient to observe that the ovum, such as it exists in the ovaries of birds and reptiles, when it is fit for fecundation, is generally, as regards its form, of a size in proportion to that of the particular animal to which it belongs, and, according to this principle, that of a woman should be nearly as large as that of an ostrich. I therefore believe that the principle, *omne vivum ex ovo*, is too general, and should be restricted to these, *omne vivum non mammosum ex ovo*, and *omne vivum mammosum ex vesicula.*

There is a point about which most physiologists seem to be quite indifferent, and which appears to me to be of greater importance than many others for which they have spent much time in researches and publications. That point is, whether sexes are mixed in each ovary or vesicular gland, or whether each ovary or vesicular gland contains a particular sex. I know that the received opinion is, that sexes are mixed in each vesicular gland, and that the other opinion is generally considered as the ridiculous offspring of fancy, without being supported by any moral, philosophical, or physical reason. However, if vesicles or ova are secreted by the vesicular glands, of which there is no doubt in my mind, it is evident that the one must secrete the male and the other the female; for no one will deny that man and woman are different beings; and if they are different beings, however small the difference that characterizes them may be, they cannot proceed from the same principle. To sustain the contrary would be as absurd as to sustain that different effects could be produced by the same cause. Since the principle that produces the male is and must be different from that which produces the female, each requires a particular organ for its secretion, because it would be absurd to suppose that they could be secreted by the same one; as absurd as to suppose that in a state of health the liver can secrete other things than bile, the kidneys other things than urine, the lachrymal glands other things than tears, &c. Since the principles from which the two sexes are formed require different organs for their secretion, it is natural to conclude that one of the vesicular glands is for the secretion of the male, and the other for the female. To destroy this argument, I think that it must be proved either that man and woman are anatomically or physically the same being, or that different beings or effects can be produced by the same principle or cause, or that the same organ, in a state of health, can produce different secretions, which I dare say no rational mind will attempt to do.

But in support of this opinion, many facts could be produced by post-mortem examinations of mothers who had children of either sex or both; also the circumstance that there are many mothers that have given birth to several male children without a single female, and others to many females without a single male. Such instances certainly prove that it was the intention of nature that the sexes should be separated in the vesicular glands; for did they not prove that, they would prove at least that the mixture must have been practised by a very unskilful hand; but *nihil absurdius.*

[To be continued.]

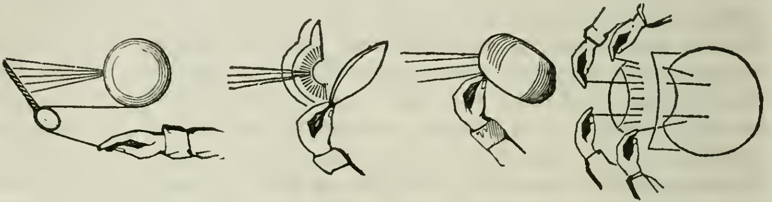
FIBROUS STRUCTURE OF THE RETINA.

To the Editor of the Boston Medical and Surgical Journal.

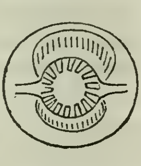
Dear Sir,—Having observed in your Journal that a copy of my treatise on the eye could not be found in Boston, I respectfully forward one to your address. It contains several errors, which I shall endeavor to correct in another edition, which may perhaps soon appear.

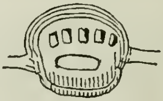
The fibres in the retina, which have been demonstrated to hundreds, are not imaginary, but may be easily exhibited by immersing the eye of a calf, for a few days, in alcohol, and separating them with a camel's-hair pencil, after the retina is exposed by cutting off the anterior portion of the eye. The demonstration may be facilitated by pouring into the cup thus formed a watery solution of corrosive sublimate. When an alcoholic solution of corrosive sublimate and muriate of ammonia is used, the fibres become matted together, and the entire coat may be pulled off, exposing a layer of globules, which are kept in position by the coat of Jacob. By the same preparation we can also demonstrate that Jacob's coat is double, like the pleura.

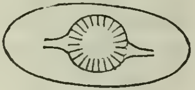
The method by which the adjustment of the eye is effected, may be demonstrated as clearly as any other truth in physiology. When the lens is a sphere, there is no change in its diameter by rotation; but if it be less or greater than a sphere, the comparative extent of the denser medium for the passage of light will be changed, if attempted to be adjusted by traction at only one point. This may be illustrated by the following sketches.



In order to bring the rays to a focus, lenses, greater or less than spheres, must be so adjusted that one margin will not be farther removed than another from the former position. The instruments for effecting this are the ciliary processes, which are attached to the extension of the capsule, forming the anterior wall of the canal of Petit. At the roots of the processes there are muscular fibres, which, compressing the veins, will cause an elongation and draw forward the margin of the capsule, and the lens along with it; while it will be drawn back by the elasticity of the membranes of the vitreous humor. When the outer layer of the choroid is dissected off the ciliary body, the muscular fibres may be shown, though the dissection is somewhat difficult to a person not in the habit of performing it. The collection at the upper portion of the eye is similunar in the ox, and of this shape, while the under portion is not so strong. The arteries going to the processes pass at the equator of the eye, and are so situated that they are not pressed on by the muscular fibres; while the returning veins pass through them. In the sheep the muscular fibres are in the upper portion, placed at right angles to the processes, thus.

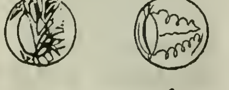




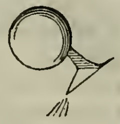


Plan of Arteries.

A fact discovered by Dr. Tully, of New Haven, Ct., throws considerable light on the physiology of the eye. He found that when an aged person is under the influence of nux vomica, he can do without his spectacles. On the other hand, it has been long known that the eye is adjusted only to distant objects during the action of belladonna. In the former case, the effect may be produced by the increased action of the ciliary muscle, and in the latter by its relaxation permitting the elasticity of the membranes of the vitreous humor to have full play. The membranes forming the cells of the vitreous humor have a stellated appearance, thus.



At the under portion of the lens, in the striped bass, there is a triangular muscle supplied with a distinct nerve of motion, the shape of which is shown in the margin. One angle of the muscle is attached to the crystalline lens, and the other to the membranes of the vitreous humor. It passes through a loop at the back of the iris, and when it acts, the lens may be drawn very near the cornea, while the retraction is effected by the elasticity of the membranes of the vitreous humor. The muscle has various shapes, with or without a loop, and is absent in all those aquatic animals which are furnished with ciliary processes; as the shark and the porpoise, where the lens is less than a sphere (an oblate spheroid), and the cuttle fish, where it is greater (a prolate spheroid).



In my published papers I was at a loss to explain the retraction of the lens, till informed by Dr. Tully of the effect of strychnine, and the consequent reconsideration of the effect of belladonna. I acknowledge that in this respect I have committed several errors, and that my publications were premature.

You will find in Porterfield a statement that some have said there was an apparatus by which the eyes of fishes are adjusted, though he gives no credit to the assertion, and does not say in what it consists. In my original paper on the subject, I gave the following quotation from Cuvier. "In a great number of fishes there is a falciform ligament, which passes through a slit in the retina and penetrates the vitreous humor." "It contains bloodvessels and nerves, and is attached to the capsule of the crystalline at its inferior surface, sometimes by a simple elevation or by a fold a little more opaque, at other times by means of a grain or tubercle, transparent and harder than the vitreous humor in which it is placed." "Jurin has named it the ganglion of the crystalline."

In a late number of the London Magazine of Natural History, I think for March last, Professor Dalrymple, after giving an account of a similar body in the eye of a pike, says, "that the existence of this body is unknown in England, at least, may be inferred from the fact that the learned professor of comparative anatomy in the College of Surgeons, Mr. Owen, and Mr. Yarrell, so well known by his beautiful work on the Icthyology of Great Britain, were unacquainted with the subject when I mentioned it to them." After having stated that his preparations were exhibited to some Americans attending the Ophthalmic Hospital, he remarks that a similar account had been published by me, but says, "*I cannot help suspecting that Mr. Wallace is one of the Amcricans to whom the observations made by me were imparted at the Ophthalmic Hospital some years ago.*" I have elsewhere remarked that I am not an American, and that the individuals alluded to are of course free from all suspicion of plagiarism; but I published my account in 1834, the same year in which he published his work on the eye, and said nothing on the subject till 1838.

To any person who will read the accounts of Porterfield and Knox, my discoveries in the ciliary body will appear altogether different, and are capable of ocular demonstration. Respectfully, your obt. servt.

New York, Feb. 7, 1839. W. C. WALLACE.

HOOPING COUGH.

[Communicated for the Boston Medical and Surgical Journal.]

The opinion that hooping cough is essentially a spasmodic or nervous affection, which has been gaining ground for the last five years, is roundly controverted by Dr. Gallup in his Institutes of Medicine. We transcribe his views, as the practice under the two theories is so essentially different. Belladonna and carbonate of iron, with the nameless host of the remedies of the theorist of spasm, must be soon gathered to the tomb of buried specifics. Dr. Gallup says—" the apparent spasm is a part of the involuntary movements of the conservative power of the human economy, exerted to relieve the tissues of the intolerable irritation. This false thesis of spasm has led to very disastrous results in the treatment of hooping cough. It has introduced into its service not only the most powerful of anti-spasmodics, but the most destructive of all narcotics. The pathological error was conceived in darkness, and the remedy brought forth in ignorance." He continues, " were the subject less important, we might be spared the pain of the above remarks. But in consequence of an erroneous principle, the young sufferers in this disease are liberally fed with Dover's powder, black drop, morphia, and the tribes of pedlars' cough drops. We are not content to speak through pages which may never reach the public eye, but wish for a lengthened trumpet that might tingle the ears of empirics and charlatans in every avenue of their retreat." The indications of treatment of course are the same as in other inflammatory affections. After satisfactory depletion, the doctor advises the old alkaline mixture, which had rather gone out of date, but which, we think, he has done well to revive, viz., carb. pot., ʒ ij.; cork, ℈ ij.; aq. pur., ℥ x.; sacch. alb., ℥ ij. M. Give freely. While pertussis is now epidemic, it appeared to me that the above extract would be useful. E.

EXTENSIVE FRACTURE OF THE SKULL.

[Communicated for the Boston Medical and Surgical Journal.]

A very severe surgical operation was successfully performed by Dr. Robert Kelsey, of Avon, N. Y., on the 4th of November, 1838, assisted by Dr. Charles Little and Dr. I. F. Whitbeck, of Avon, and Dr. Wm. Butler, of Lima.

A man, by the name of Taylor, received a severe contusion and fracture on the right side of the head, by the kick of a horse. The fracture and depression involved nearly all the squamous portion of the os temporis, extending into the anterior and inferior portion of the os frontis, immediately back of the superciliary ridge. The depressed portions of bone were elevated and removed, amounting in all to thirteen pieces. It was found, on raising the bone, that the cork of the horse's shoe had perforated the dura mater, and a small portion of the substance of the brain passed out of the opening during the operation. Four bloodvessels were tied during the operation. A large surface of the dura mater was exposed, of the shape of a triangle, being above two inches across the base, and nearly or quite three inches in length. Notwithstanding the danger attendant upon so extensive an operation, and very much enhanced by the perforation of the dura mater, the man has recovered so as to be able to attend to his ordinary occupation as hostler.

Avon, N. Y., Feb., 1839.

INSTRUMENTAL LABOR.

[Communicated for the Boston Medical and Surgical Journal.]

July 2d, 1838, I was called to see Mrs. S., aged 32, with her first child. Between 6 and 7 o'clock, A. M., the child's head had passed the superior strait, but owing to a contraction of the inferior one it became wedged and made no farther progress from that time till 5 o'clock, P. M., making eleven hours. Pains had been extraordinarily severe and powerful all the while. The patient had become exhausted and was fast sinking. Council had been sent for, but did not arrive. Part of the ladies present strenuously opposed my using the instrument, because they considered the death of the child certain, and that of the mother probable. In this dilemma, believing no time was to be lost, I was obliged to tell them there was no danger of the life of the child or mother either, unless the child was then dead, which I thought was the fact. They consented. I applied the forceps and delivered the child in a few moments; and, to my astonishment, the child was alive, and is yet hearty and well. The woman had a quick getting-up. Query—is the life of the child common in such cases? Yours, &c.

Adams Basin, N. Y., Jan., 1839. George C. Howard, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 6, 1839.

ANATOMICAL CURIOSITY.

By the polite attention of the Rev. Dr. Anderson, of the Foreign Missionary Service, we have been presented with a work on elementary anatomy, published in 1838, at the Sandwich Islands, by Dr. Judd, in the native language of the islands. It is embellished, as well as illustrated, by nineteen copper-plate engravings—fac-similes of those in the Class-book of Anatomy, prepared by ourselves, from which they were copied. They were all executed by one or more of the native members of the seminary established at Lahainaluna, on the island of Maui. The title-page runs thus—" Anatomia. *He Palapala Ia E Hoike Ai I Ke Ano* O Ko Ke Kanaka Kino. Ua kakauia ma ka olelo Hawaii, i mea e ao ai na haumana o ke Kula Nui, ma Lahainaluna. Oahu : mea Paipalapala A na missionari, 1838." We take it for granted that Kanaka Kino is the author's name, *Sandwiched.*

LONGEVITY.

We are somewhat puzzled to understand a very excellent and valued correspondent, touching the cause of the death of the late Dr. Holyoke, of Salem. Although he had arrived at the great age of *one hundred and one years*, and sat at a public table by invitation of his brother physicians on his one hundredth birth-day, it is now gravely asserted that he did not die of old age. It was ascertained that it was a cancer of the stomach which hastened the melancholy exit of the patriarch of physic in New England. But our friend would fain have us believe that the use of ardent spirits produced the disease. How old must a man be to die, actually, of old age? We were personally acquainted with the late Donald Mc Donald, of quarrelsome memory, who was sent to the House of Correction, by the Police Court, for a street brawl, when about one hundred and five years old. At the age of *one hundred and eight* he enjoyed excellent health, notwithstanding an immoderate use of tobacco, and a proneness to get absolutely drunk whenever he had an opportunity. The father of Donald lived to be one hundred and thirty-seven, in Scotland, and no one knows when he would have died, had he not been accidentally killed. With respect to Dr. Holyoke, we are wholly unprepared for discussing the subject in relation to the cause of his death, having no materials for constructing an argument, pro or con, in the matter. The gentleman who has requested an answer to the question—" Do you suspect that moderate drinking shortened his days ?" is respectfully referred to the faculty of the good city of Salem, his personal friends and neighbors. Since the business has assumed the aspect of a grave subject, it would be very well to have it satisfactorily disposed of by those who are competent to decide. As our friend, Dr. Peirson, seems to have created the excitement, nothing would oblige an inquirer more than an explanatory paper from that source.

Dental Quackery.—The trumpet-blowing circular of a fellow by the name of Caldwell, belonging to the whole Commonwealth of Virginia, has been sent from Philadelphia, where he appears to be sojourning, to a gentleman of official standing in this community, which somehow got entrance to our post-office box. He has the impudence to write thus: " Respected Sir,—A citizen of your city, Boston, informs me that the physicians of the city, in their Society, have resolved to investigate the existence of a ligament supporting the teeth. Please from me to say to them (*the physicians of Boston*), if they will advertise me of their wishes to hear a lecture, and will name a house that will hold 1000 persons, and permit them to attend without expense, I will go and deliver one explaining the great cause of the disease of the teeth, by which they are injured and lost; suggest remedies to arrest the effect of the causes that destroy them; to preserve, &c. Or if too much decayed, how they may most easily and safely be extracted, and explain the difficulties of this operation. If a wide difference from the opinions heretofore entertained by anatomists will furnish a foundation for speculations upon my mode of operating, I will give it in my lectures. And to confirm or demonstrate the correctness of my system, and prove its advantages over all others, the most difficult cases to extract may be presented to me when there (*before the audience*). I could not delay in your city more than a day."

Fine fun that, to jerk out teeth before a thousand persons! When the faculty of Boston require instruction from such high authority, Dr.

Caldwell will be sent for. Those gentlemen of Philadelphia, to whom reference is made—viz., Professors Gibson and Patterson, and Commodore Biddle—had better lose a tooth a-piece than have their names disgraced in the manner they now are on the advertisements of this travelling quack.

Homœopathic Oration.—There seems to be something in Dr. Channing's discourse before the physicians of New York, a while since, that does not satisfy all who heard him. The Examiner says, "the members have thanked him for what they themselves spoke of as a betrayal of their interests." Now if the orator was invited to deliver an oration, surely those who selected him are bound by the laws of courtesy to treat him civilly, even if they happen to dislike the subject. Perhaps the opportunity was a good one for suddenly creating a personal notoriety, which promised future advantages too clearly perceived to be neglected. If this was really the fact, the doctor could not have been placed in more fortunate circumstances for a debut, backed up by the whole profession of the city—which was saying to the people, this is a picked man, there is not another in New York whom we more delight to honor. He will never lack practice while the welkin rings with his name. Persecution from such a quarter will beget a public sympathy that is invariably expressed in dollars and cents.

Albany Medical College.—This new and flourishing institution has at length received its incorporation, says the Albany Argus, the bill having passed both houses with extraordinary unanimity, there being but one negative vote in the Assembly, and but two in the Senate. We understand that the amendments made to the bill as originally reported, are entirely satisfactory to the trustees and faculty, who accept the charter, and will immediately organize under it. And as the college has been in session, with a class of over fifty students in daily attendance upon the lectures, and as all the rights of other incorporated colleges, including that of conferring degrees which shall be a license to practise physic and surgery in the State, are now vested, by law, in the trustees and faculty, the Albany Medical College is fairly in the field of competition. From the popularity the school has thus early acquired, by the zeal and enterprise of the trustees, and the professional ability of the faculty, there can be no reasonable doubt of its success.

A meeting of the trustees was held at the college on the 19th ult., for the purpose of re-organizing under the act of incorporation granted by the Legislature; at which the Hon. Jared L. Rathbone, Mayor of the city, was elected President of the Board of Trustees, and John Davis, Secretary.

The Board then proceeded to the appointment of professors, and the following gentlemen were unanimously elected. Alden March, M.D., Professor of Surgery; Ebenezer Emmons, M.D., Professor of Chemistry and Natural History; James H. Armsby, M.D., Professor of Anatomy and Physiology; David M. Reese, M.D., Professor of Theory and Practice of Medicine; Henry Greene, M.D., Professor of Obstetrics and the Diseases of Women and Children; David M. McLaughlan, M.D., Professor of Materia Medica and Pharmacy; Amos Dean, Esq., Professor of Medical Jurisprudence.

Treatment of Scarlatina.—Readers are referred to the first article for a sensible dissertation on the value of seasonable emetics in scarlet fever, by Dr. Cross, of Lexington, Ky. Since, as a general rule, the modern treatment of this disease is unsuccessful in New England, these remarks, from good authority, cannot be otherwise than interesting.

Relief of Constipation in Insane Persons.—Mr. Geo. Bodington, Surgeon, of Warwickshire, England, relates several interesting cases in the Lancet, in which he was successful in removing that torpidity and obstinate costiveness of the bowels which are so common to many lunatics, and which sometimes occur in other cases. The following mixture was given to a female maniac whose bowels had not operated for years without strong purgatives, and who was also afflicted with prolapsus ani: Comp. infusion of roses, ℥ vj.; comp. tinct. of cardamoms, ʒ ij.; sulphate of magnesia, ℥ ij. To take a wine-glassful every second hour till an evacuation was procured. The bowels were relaxed in a few hours, and there was no displacement of the rectum. She afterwards occasionally took a dose of this mixture before breakfast, which never failed to operate, and now, two years after beginning to use it, her bowels act with regularity, and her health has improved. In another case, a tumbler nearly full of a mixture of compound infusion of roses, holding in solution about an ounce and a half of sulphate of magnesia, was commenced with, and was exceedingly beneficial. It was continued for a few weeks, at the end of which time the patient's bowels were perfectly regulated, which seemed to lay the foundation for his complete restoration to mental and bodily health.—Have any of our readers known colchicum to cause, during its use, obstinate costiveness?

Dr. Elliotson and Animal Magnetism.—Reference has at different times been made in this Journal to the experiments in animal magnetism on a female by the name of Okey, by Dr. Elliotson, the lecturer on medicine at the University College, and senior physician to the North London Hospital. Many of these experiments were repeated at this institution in a public manner, against the wishes of the medical committee of the hospital. This committee recently became so strongly convinced that these exhibitions were foreign to the objects of the hospital, that they took steps for the immediate discharge of Okey, and the prevention of the further practice of mesmerism in the wards. On being informed of these proceedings, Dr. Elliotson immediately sent in his resignation. It appears that Dr. E. has not been in the habit of introducing the subject of mesmerism into his public instructions to the students, a majority of whom have publicly expressed their regret at his withdrawal from the station which he has occupied with so much honor to himself and profit to them. He certainly seems to be an enthusiast, however, in this matter, as he still not only expresses his full conviction of the reality of mesmerism, but his belief that the light which his experiments will throw over the operations of nature, will equal, if not exceed, that elicited by all other discoveries. It is also said that he has been in the habit of making use of the *prophecies* of the girl Okey, to assist in the prognosis of cases in the hospital.—Dr. Copland has been appointed to finish the course of lectures on medicine which were commenced by Dr. Elliotson in the college, and Dr. Carswell physician to the hospital.

Prize relative to Vaccination.—Amongst the notices of the prizes proposed by the Academy of Sciences for the encouragement of medicine, we find one announcing that a prize of 10,000 francs (£400) will be awarded in the year 1842, to the best memoir on the following questions:

Is the preservative power of the vaccine virus permanent, or is it only temporary?

In the latter case determine, by precise experiments and by authentic facts, the time during which its preservative power continues.

Has the matter of cow-pock, taken from the cow, greater efficacy than the vaccine virus which has been transmitted through several individuals?

Supposing it to be proved that the efficacy of the vaccine virus is diminished by transmission, should it be renewed, and by what means?

What is the relation between the intensity of the local phenomena, and the preservative power of the vaccine virus?

Is re-vaccination necessary, and if so, point out at what period it should be practised?—*London Lancet.*

Medical Miscellany.—Dr. Jennings has been made Secretary of State in Mississippi.—Hardage Lane, M.D., was elected President of the Medical Society of Missouri, February 1st, and Franklin Knox, M.D., Corresponding Secretary.—Dr. Flint's address before the students of the Louisville Medical Institute, November 13th, is published in a pamphlet of 31 octavo pages, compact type.—Dr. John Burdell, an eminent dentist of New York, uses a decoction of hyson tea—one pound boiled down from a quart to half a pint—to allay the sensibility of the nerves of diseased teeth. Four drops killed a rabbit. When the same quantity was boiled down to a gill, four drops killed a young cat.—Mr. Combe, the phrenologist, is at Washington.—The Legislature of New York has refused a grant of money to the College of Physicians and Surgeons in Crosby street; the number of pay-students, says the Medical Examiner, this year, is only fifty.—Williams, the notorious quack and foreign eye mender, is reduced to the lowest level. Where are his Boston *fee-friends?*—The 7th annual report of the New England Institution for the Education of the Blind has been given to the public, which is as interesting and satisfactory as any preceding one.—One hundred and fifty-one students are attending lectures at the Medical College of the State of South Carolina—an excellent, thriving institution, prudently but energetically managed by an industrious, scientific, and talented faculty.—Dr. J. B. Brown operated again last week, for clubbed feet, on a young child. Although badly distorted, as soon as the division of the tendo-Achillis was made, the foot was quite easily brought into shape—Dr. Gallup's new work meets with friends where they were least expected.—A copy of a new work from Dublin, from the author, is hereby acknowledged—to be examined soon.—Dr. Howe's apparatus have been inspected by a competent judge, who pronounces the tourniquet to be a very valuable improvement.—Several important surgical operations have recently been performed in the neighborhood of Boston.—The lectures in the Medical Department of Bowdoin College, Maine, have commenced, and are, as usual, well attended.—Surgeons are in demand for the Eastern forces now congregating on the confines of the disputed territory. The chance is excellent for young surgeons to learn the elements of military surgery.

Whole number of deaths in Boston for the week ending March 2, 34. Males, 17—females, 17.

Of consumption, 5—old age, 2—hives, 1—scrofula, 1—scarlet fever, 3—dropsy on the brain, 5—lung fever, 3—typhous fever, 1—dyspepsia, 1—dropsy, 1—apoplexy, 1—convulsions, 1—marasmus, 1—casualty, 1—croup, 1—burn, 1—dropsy in the chest, 1—insanity, 1—stillborn, 2.

SITUATION.

A YOUNG PHYSICIAN, in a town about 18 miles from Worcester, wishes to sell from two to three hundred dollars worth of personal property, consisting of a horse, gig, medicine, &c.; and emigrate. Town contains about 2000 inhabitants—two religious societies, and good schools through the year. A letter to the editor of the Journal, post-paid, will direct to the town and physician, of whom the conditions and any particulars may be obtained. M 6—4teop.

VERMONT MEDICAL COLLEGE.

THE annual course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by - - H. H. CHILDS, M.D.
General and Special Anatomy and Physiology, by - - - ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by - - - - - - - GILMAN KIMBALL, M.D.
Chemistry and Materia Medica, by - - - - - - - - DAVID PALMER, M.D.
Medical Jurisprudence, by - - - - - - - - - - NORMAN WILLIAMS, A.M.

Fees for the course—$50. Graduation—$18. For those who have attended two courses, but do not graduate—$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in the village on reasonable terms. By order of the Board of Trustees, N. WILLIAMS, Secretary.
Woodstock, Vt., Feb. 5, 1839. Feb. 20—3t

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct 31—eptf

MEDICAL ALMANAC and Pocket and Memorandum Book for 1839, for sale at the Medical Journal office. Price 75 cts. On account of the binding, copies cannot be sent by mail.

Also, for sale, a few copies of Dr. Tuckerman's Letter to Dr. Warren, on the climate of Santa Cruz. Price 12 1-2 cts. Dec. 19.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - DR. BIGELOW.
On Anatomy and Surgery, by - - - - - - - - - - DR. REYNOLDS.
On Midwifery and Chemistry, by - - - - - - - - - DR. STORER.
On Physiology and Pathology, by - - - - - - - - - - DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.
Aug 22—ep3m

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 *Belknap Street, Boston.* Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren. Geo. B. Doane, John Ware, George Bartlett, John Flint.
Boston, August 1, 1838. tf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XX. Wednesday, March 13, 1839. No. 5.

LETTER FROM DR. HARLAN.

To the Editors of the Philadelphia Medical Examiner.

London, January 15th, 1839.—Since our last we have passed much of our time in the Royal College and British Museum—two exhaustless resources of amusement and instruction; and, in connection with the practice and museums of the various hospitals and medical schools of this boundless metropolis, constitute a most valuable resort for the student or physician who has already finished a practical course of studies in the less expensive institutions of Paris. Agreeably to the appointment alluded to in our last, we waited on Sir Astley Cooper, to witness his interesting operation on the rabbit, in which, and in other small animals, he induces death in a very short space of time, by the simultaneous pressure on the carotid and vertebral arteries of both sides—and, as he avers, absolutely without pain to the animal. He caused me to repeat the experiment before him, in order to assure himself that we adequately comprehended the modus operandi.

We then took our leaves, with the letters of introduction, which he had so obligingly offered us, to MM. Roux, Velpeau, Lisfranc, and Fisher, of Paris.

During our visit to the Royal College of Surgeons this morning, Mr. Owen offered us a microscopical view of the new species of Entozoon, discovered by him in 1835; it exists, in incalculable numbers, in some men, women and children, both in healthy and in diseased bodies—the muscles appear to be studded over with white dots, as if disseminated with calcareous depositions—and those most commonly affected are the great pectoral, latissimus dorsi, abdomiles, &c.; no muscles, however, being exempt. The worms have also been detected in Prussia, but not as yet in Paris. As Mr. Owen has already well described this parasite, under the name of "*Trichina spiralis*," in the Encyclopœdia of Anatomy and Physiology of Tod and others, I have only to add, that Mr. Owen kindly presented me with specimens, requesting me to ascertain if the same exist in Americans.

We have been exceedingly interested in attending the meetings of the various learned societies in London; in fact, every evening in the week might be thus advantageously spent. The Royal Society, the Linnæan, and Geological, meet once a fortnight, all on different nights, and a club dinner is given by each immediately preceding the meeting.

We have found the fare excellent on these occasions, where good company, good wine, and good order prevail. We had a very interesting discussion at the Geological Society, based on a memoir which I read on the fossil remains of the immense extinct animal from Alabama, which I had described under the name of *Basilosaurus*—the question to be determined being, whether or not this fossil belonged really to the Saurian or Mammiferous order. The strongest argument of its mammiferous nature, was derived from certain analogies which Mr. Owen discovered in his microscopical examinations of sections of the teeth of this fossil, and those of the *Dugoney*. For the detailed account of this discussion, I must refer you to the notice published in the Athenæum a few days subsequently, and to the forthcoming volume of the Transactions of the London Geological Society.

London is at present enlightened by hundreds of lecturers on all subjects. We listened to a very interesting clinical discourse to-day, by Sir Benjamin Brodie, at St. George's Hospital, on certain diseases of the bones.

Drs. Hall and Grainger are delivering admirable lectures on the nervous system, ably illustrated by comparative anatomy; and Dr. Grant's discourses on comparative anatomy would in themselves compensate for a voyage across the Atlantic. We are to attend the Royal Geographical Society's meeting on Wednesday, and to hear Professor Faraday lecture at the Royal Institution, on Friday evening next. On Sunday last, we again had the honor to meet, at Mr. W. Lawrence's hospitable board, a very agreeable society of ladies and gentlemen.

Among the liberal dispensers of hospitality to scientific foreigners, and more particularly to their "*transatlantic brethren*"—for this is the designation which, by common consent, is hereafter to be applied to our compatriots—none surpass our enlightened friend, Mr. Lawrence; the high encomium bestowed by this admirable writer on American institutions and our men of science, in his celebrated work, "The Physiology and Natural History of Man," together with the friendly disposition he has ever been so ready to show to members of our profession visiting London, has long rendered his name particularly popular with us. I am aware that his unsurpassed professional fame, either as a writer, lecturer, or practitioner of surgery, can receive no addition from any encomiums in my power to express; but in thus casually alluding to the subject at all, I could not say less of one, to whose liberal hospitality myself and numerous friends have so often and so extensively been indebted. His merits, indeed, could be only adequately expressed, by stating that they are equalled by the brilliant success which has finally crowned his intellectual and professional exertions. I presume that his income is surpassed by very few of his European competitors. The trustees of the Royal College of Surgeons have displayed their discrimination, and, at the same time, conferred a well-merited compliment on Mr. Lawrence, in choosing him as the principal director of that magnificent and unrivalled anatomical and physiological cabinet, which has grown out of Hunter's museum, a colossal monument of British taste and of British munificence, contemplated with sentiments of pride and delight by every true votary of science, and which is admirably calculated to perpetuate the fame and hand down the name of its illustrious founder and enlightened directors to the latest posterity.

I have been examining, with great interest, at the College of Surgeons, a descriptive catalogue of the museum, preparing by Messrs. Clift and Owen; several volumes in quarto have already been published; they are illustrated with numerous plates, and would form a most valuable acquisition to our public libraries and scientific institutions. I hope you will recommend the purchase of a copy for the library of the Philadelphia Hospital. I presume there could be no difficulty in the Amerīican Philosophical Society and Academy of Natural Sciences of Philadelphia making an exchange, pro rata, for this invaluable contribution to physiology and anatomy.

In going the rounds, with Mr. Mayo, at the Middlesex Hospital, he showed us some cases of considerable interest; among them, cases of "Acute Anchylosis" of the knee-joint, distinguishable at first from common cases ending in anchylosis, in the inflammation and pain being unattended with swelling of the joint, and the disorganization and stiffness being completed in two or three months. Sir Benjamin Brodie has also noticed the same variety of disease, and I think both these surgeons have published their experience in the recent number of the Medico-Chirurgical Transactions.

I had the pleasure of meeting Sir Benjamin Brodie, and twelve other eminent members of the profession, including Carswell, Grant, Sharpey, &c., at the house of Professor B. Phillips—gentlemen whose scientific acquirements are far from being limited to their own immediate professions. Sir B. B. considers it easy to distinguish scrofulous from syphilitic caries of the bones ab origine, by the latter affection being always preceded by evident symptoms of pain and inflammation; whilst the first indication of strumous caries, is a small, hard, indolent, osseous tumor in different parts of the frame, notably in the metatarsal and metacarpal bones; and even at this early period of the disease, it is already too late for the successful operation of any remedies; no means can prevent, sooner or later, suppuration of the neighboring soft parts, and subsequent caries, which is not superficial, either, but is seated deep in the bone; hence, Mr. B. says, the disease must have originated in the medullary portion.

Saturday, January 19th.—Last evening we were delighted with Mr. Faraday's discourse, at the Royal Institution, on the physiology of the torpedo, gymnotics and silucus, as connected with electricity. He has recently been occupied in experimenting on a torpedo now living at the Gallery of Practical Science, Adelaide street. Mr. F. is a superlatively neat manipulator, and eloquent lecturer; he riveted the attention of a numerous and intellectual audience, including many distinguished foreigners, both of the scientific and diplomatic corps. We strike our tent and embark for Havre to-morrow. I hope soon to communicate with you from Paris. Respectfully, yours, etc. R. Harlan.

[In a letter written previously, but not received till after the foregoing, Dr. H. alludes to some interesting investigations by Mr. Owen into the structure of the teeth.]

December 31st.—In company with Mr. Van Buren, we visited, by invitation, Mr. Richard Owen, curator of the Royal College of Surgeons, at 6½ P. M., for the purpose of examining, with the microscope, numerous specimens of the teeth of various animals, recent and fossil, prepared by Mr. O. with the view of illustrating the intimate structure of these organs, in a memoir which he is now preparing for the Philosophical Transactions, London.

According to Mr. O.'s investigations, the human tooth consists of enamel, ivory, and the "*pars petrosa*," or cement; or, of a central pillar of ivory, covered by enamel on the crown and body, and with cement around the root and cervix. The structure of the ivory is essentially tubular, consisting of animal cylinders or tubes proceeding from the central cavity transversely to the axis of the tooth, to the sides, and perpendicularly to the crown, so as to oppose their distal extremities to the points of greatest pressure: these tubes he names "calcigerous," as they are found to contain the earthy part of the tooth; they are occasionally observed to extend beyond the line of juncture of the ivory with the enamel, as if for the purpose of increasing the attachment between the two surfaces, but are generally received, and are lost in the body of the ivory; each of these tubes is separated from its neighbor by a space greater than its own diameter, which space is filled by lateral tubes of a similar nature, and terminating in cells. The tubular structure of this ivory, Mr. O. is well aware, was not only known, but adequately illustrated, by Lewenhœck. These calcigerous tubes do not run in a straight line, but their general tendency is a curvature upwards, and, in addition to which, each line or tube is distinctly waved in itself. These facts Mr. O. lucidly illustrated in numerous prepared specimens from the teeth of the human subject, those of the shark, both fossil and recent, the horse, the fossil icthyosaurus, iguanodan, the elephant, the megatherium, dinotherium, several fishes fossil and recent, and others equally instructive.

Mr. O. further illustrated his subject, by referring to the pathology of these organs; he had examined numerous decayed teeth, in every instance of which the caries had commenced in the space or position beneath the enamel, between it and the ivory, and had extended itself towards the central cavity in the direction of the calcigerous tubes, a phenomenon by no means explicable by the usually received notions of the laminated structure of the teeth. The original cause of decay in these cases, Mr. O. refers to the generation of an acid, or, at least, of a fluid which soon becomes acid, between the enamel and the ivory.

Mr. O. next proceeded to illustrate the structure of enamel, by means of the same excellent microscope of Pritchard; this striated structure is of a crystalline texture, the striæ consisting of hexahedral prisms, always arranged at right angles with the superfices, a disposition which offers the greatest resistance to friction; these striæ differ in color and density from the ivory.

The "pars petrosa," or cement, is always *tubular* in structure, appearing under the microscope as lines interspersed with minute black dots, or corpuscles ; these tubes he denominates "*medulliferous*," inasmuch as they carry marrow ; and in most other respects, this cement resembles ordinary bone in structure and composition. Another important discovery due to the researches of Mr. O., is the peculiar structure of the teeth of the megatherium ; these were formerly described by Cuvier as pillars of bone surrounded and traversed by enamel. Mr. O. demonstrates that portion of these teeth usually considered as enamel, to consist of a finer and denser kind of ivory ; the body of these teeth consists, therefore, of common ivory, traversed by transverse ridges of denser ivory, and surrounded by cement, or pars petrosa. In all cases these interesting and novel facts were abundantly illustrated by numerous objects, both of human and comparative anatomy, and bore ample testimony to the acumen and laborious research of the experimenter, and of the important results to physiology to be derived from investigations of comparative anatomy, and which reflect on our neglect at home of this indispensable department of experimental philosophy. You will find a notice of these admirable investigations of Mr. Owen, in the account of the last meeting of the "British Association" at Newcastle, published in the London Athenæum, which will be completed "in extenso" in the forthcoming volumes of the "Transactions of the Royal Society." The "Memoirs" will appear in Decades, and be beautifully illustrated.

We were further impressed by a most curious fact connected with these interesting microscopic investigations of Mr. O., viz., that the different *species* of animals were shown to be recognizable by specific arrangements of their dental structure !

DR. BUGARD'S TREATISE ON GENERATION.

[Continued from page 59.]

Before considering, in detail, the different changes that take place at the moment of fecundation and during pregnancy, both in the uterus and in the other organs which perform some function in the act of generation, I shall endeavor to describe the result of that act, considered at the time of labor.

The abdomen then presents a large tumor, nearly round, the circumference of which reaches the epigastrium and the pubis ; the opening of the vulva, the lips of which are very much thickened, is much longer than before fecundation. The mammæ are swollen and filled with milk. The uterus contains the fœtus ; the liquor amnii, in which the fœtus is suspended by the umbilical cord ; the amnion, which contains the liquor amnii and the fœtus ; the decidua propria and reflexa ; and the placenta, which generally adheres to the bottom of the uterus, and which is connected with the embryo or fœtus by the umbilical cord.

The placenta is divided into two parts ; the maternal, or that which is in contact with the uterus, and the fœtal, or that which is on the side of the fœtus, and into which the umbilical cord is implanted. The division of these two parts is perfect, as it is impossible, without laceration, to force from the one to the other the finest or most penetrating injection. The function of this organ seems to be to prepare the necessary fluids for the nutrition and growth of the fœtus..

The liquor amnii seems to serve only to protect the fœtus against the immediate pressure of the neighboring organs.

The decidua propria and reflexa seem to be destined, as pregnancy advances, to assist the amnion to hold its contents till the time of labor.

Such are the objects produced during pregnancy. When and how their growth commences and takes place, are the subjects of the following observations.

Fecundation, as I have already observed, is produced by the contact of the sperm with the vesicle which is to be fecundated. But the narrow and crooked passage through which that fluid has to pass to reach the vesicular glands, has appeared so great a difficulty that many physiologists have thought the passage was impossible. But to me it appears to be as easy as it is natural, if the following theory be true in all its particulars. During the act of coition the seminal fluid is emitted and deposited in the vagina. At the same instant, or soon after, the orgasm of the sexual parts of the female takes place. I fancy that orgasm consists in several successive dilatations and contractions of the uterus, which produce the effect of a pump ; that is, when that organ dilates, it sucks in the spermatic fluid deposited in the vagina and forces it into one of the Fallopian tubes, or both, when it contracts ; the contraction commencing at the mouth, and being gradually but quickly exerted towards the fundus. By the effect of that same orgasm, the Fallopian tube surrounds, with its fringy extremity, the vesicular gland, presses it as a hand would do, detaches thus from it the fecundated vesicle, which, by a gradual pressure, it pushes through its length, with the sperm that it contains, until it reaches the interior of the uterus.

This theory explains the possibility of fecundation without introducing the penis into the vagina, provided the spermatic fluid can penetrate into that passage, and its communication with the uterus and the vesicular glands be not perfectly intercepted. The principle upon which it is established, is that which is recognized by philosophers, and thus expressed, *natura horret vacuum.*

But how and when does the development of what constitutes the contents of the uterus at the time of labor, commence ? To explain this more intelligibly, it is necessary to examine the composition of the vesicle before fecundation.

If it be true that any germ or seed contains the principle of that which it is to produce, together with the necessary apparatus for its development and growth, and this no one will deny ; and if the vesicle is submitted to that universal and recognized law of nature, and why should it not be ? I have no doubt that if the eye of the observer were sufficiently penetrating, he would find within its membrane the rudiments of the fœtal part of the placenta, the umbilical cord, the embryo, with at least the heart, together with arteries and veins containing the principle of the blood, nerves and aqua amnii ; the rudiments of the placenta being constituted by the capillary extremities of the arteries and veins of the umbilical cord, and perhaps of some nerves, and placed at the point by which the vesicle, before being fecundated, is attached to the vesicular gland; the umbilical cord being the prolongation of the rudiments of the placenta, and reaching to the heart of the embryo, which I consider as the fundamental part, as the organ which, through the blood, provides for the formation, nutrition and growth of all the other parts. But it may be asked, since the vesicle contains all that is required for the formation of the fœtus, why is fecundation necessary? It is to impart to it a principle which it has not before that operation, the principle of a life which is to become independent. Mysterious principle! as difficult to understand as the source from which it springs. That principle is a spiritual principle, which escapes our senses, but its presence is easily recognized, since it may be asserted that it consists in that condition the absence of which constitutes death, and the presence of which constitutes life; which condition is no other than the motion executed by the circulation of the sap in the vegetable kingdom, and of the blood in the animal. So that the vesicle may be considered as containing all the material principles of man or woman, requiring only for their development to be put in motion, wanting only the presence of that spiritual principle of life which is imparted by man. Thus the vesicle may be compared to a complete piece of machinery whose parts are perfectly made and set together, and which remains in repose until some power puts it in action.

From this I conclude that the great work of gestation or pregnancy, or, in other words, the development of the contents of the vesicle, commences at the very moment of fecundation, when motion or circulation is established.

Of Pregnancy.—The time that the fecundated vesicle takes in passing through the Fallopian tube is not exactly ascertained. However, from a case related in Dr. Dunglison's Treatise on Physiology, 2d vol., page 327, it appears that about seven days are necessary. When the shortness of the distance it has to travel is considered, one is tempted to wonder why it does not arrive sooner at its destination. But as nature is never without an object, even in her most trifling operations, the astonishment ceases when, after having followed her to discover the secret, it is found in this case that it was necessary to make in the uterus preparations for the reception of the important being to which it is to become a home; and it is during the time of that passage that a membrane, the decidua, is formed in that organ, and lines every part of it. The functions of that membrane seem to be, 1st, to present an obstacle to the vesicle that it may not fall on the mouth or neck of the uterus; 2d, to direct it towards the centre of that organ; 3d, to serve as a soft and elastic bed during the first part of its abode in its new lodging; 4th and finally, to assist the amnion in holding its contents, the whole of which, I suppose, takes place in the following manner.

The vesicle being obliged to pass through a tube of a diameter much smaller than its own, necessarily takes an elongated form, and as soon as it enters the cavity of the uterus, it pushes the decidua until the whole of its length is lodged in the same cavity; the decidua being thus pushed, gradually and equally detaches itself from all sides, and folds within itself, so that the point of pressure is naturally directed towards the centre of the space which it lines; and, by one of those wise provisions of nature, the length of the vesicle, in its now elongated form, is such that when its anterior extremity reaches the middle of the cavity of the uterus, the other is in contact with the orifice of the Fallopian tube, where, being no longer urged forward, it stops and adheres, provided no accident or violent concussion changes its situation.

Of the Placenta.—The sperm, in fecundating the vesicle, surrounds it; but in passing through the narrow aperture of the Fallopian tube it is mostly collected together, and forms a kind of small mass at its posterior extremity, where without doubt it performs two important objects, first, that of preventing the contents of the vesicle from escaping from its membrane, during the pressure which it is obliged to bear, and then to present to the capillary extremities of the vessels of the umbilical cord a substance in which they may develope themselves, and take, at least during the passage of the tube, the fluids that must be provided for the beginning of the development of the principles which it contains.

As soon as it arrives in the uterus this little mass stops, and, by means of the mucous part, which renders it viscous and sticky, lies close to the fundus of that organ, where it has been urged by the gradual pressure of the Fallopian tube, the circular fibres of which extend to that place, and there it forms the beginning of the maternal side of the placenta. The vesicle is soon covered with flocculi, a particular kind of filaments, which I consider as being produced by the organic particles of the seminal fluid. These flocculi seem to be the organs by which nourishment is absorbed and prepared to be transmitted to the interior of the vesicle, for the development of its contents; but when they have exhausted the sources from which they at first derived that nourishment, they turn towards the fundus of the uterus, where their course is directed by the kind of sheath which is formed by the decidua reflexa, and, confounding themselves with the beginning of the maternal part of the placenta already formed, complete that organ, which sucks or absorbs from the uterus the necessary blood for its own growth, and transmits whatever is necessary to the fœtal part, where it is absorbed by the capillary extremities of the vein of the umbilical cord, to carry it to the heart of the embryo, which, after having used all that is necessary, sends the remainder to the fœtal part of the placenta, by the umbilical arteries, that it may provide for the growth of that part. The blood which is not consumed by that part, mingles with that provided by the maternal side, and is again absorbed by the capillaries of the veins of the cord, and carried to the heart with a new supply, in the same manner as in the adult the blood of the capillary extremities of the arteries passes into the capillary extremities of the veins, mingled with the different substances which are introduced into the circulation by the absorbing vessels. So that the maternal part of the placenta may be considered as a large absorbent, which, with a great many mouths, draws from the mother and transmits to the fœtal part the necessary substances for the nutrition and growth of the fœtus and the accessory organs.

[To be continued.]

THE LATE DR. HOLYOKE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is a received maxim that a story loses nothing by being repeated; and as I observe, from a remark in your last Journal, that a statement contained in my answers to the questions I was obliged to reply to, before the Committee of the Legislature, is in danger of sharing the fate of the celebrated story of the three black crows, I request the favor of your columns to state a few facts which may prove interesting to your readers, and serve to dispel the misconception and misconstruction which have attached themselves to my evidence.

The late venerable Dr. Holyoke, whose case has been alluded to, was an almost miraculous instance of a temperament and constitution to which error in physical habits is more difficult than the opposite is to those of most men. The exercise of habitual prudence and the avoidance of every excess, to him a most easy task, lengthened out his days to a century and over. It was natural, therefore, for his acquaintance to inquire into his habits of eating and drinking, as illustrative of the causes of his longevity. He gave a minute account of these habits, with his usual ingenuousness; and in this account stated that he had, for 40 or 50 years, made use of a drink which he estimated to be about the strength of cider, and which contained one part in six or eight of West India rum. Of this he took a moderate portion with his dinner, and sipped moderately with his pipe in the evening, never exceeding a pint of the mixture daily—for the most part, half the quantity. This is the account given in a letter written by my venerable friend after he had reached his 100th year; and if any person deduces from it an inference unfavorable to his sobriety and strict temperance, I cannot join him, although I admit that the example would not be a safe one to follow, since few men are constituted like Dr. Holyoke in being able to preserve entire moderation in the use of such a beverage, and never to require, during half a century's use, to augment the strength of so moderate a stimulus.

Now is any man prepared to say that this practice would create a scirrhous stomach? Surely I am not, nor have I ever given occasion for such an inference. But since the diseased alterations of every organ must have a cause connected with the exercise of the function of that organ, who would declare on oath that it was not possible that there was some connection between the morbid tissues discovered after death and the peculiar diet of the individual? And when this peculiar diet is insisted upon as the *cause* of extraordinary longevity, is it not perfectly fair to raise the objection that a scirrhous stomach was the cause of death, and that all active stimulants tend to impair the healthy state of that organ? For my own part, I have not subscribed my faith to Homœöpathy, and the operation of infinitessimal doses, nor to the ultra temperance principle that minute quantities of morbid poisons will work mischief in the human system to an indefinite period. A man may take poison and not be poisoned; the prussic acid in a peach leaf or bitter almond may be made to flavor a custard with as little danger as rose water.

And now, if your correspondent wishes my answer to his question, I reply, that having long been acquainted with the Doctor's family, and knowing that his daily use of alcohol was even less than the trivial amount his language expresses, and that his general health and constitution were capable of resisting successfully the attacks of noxious principles beyond those of most individuals, I have no suspicion that HIS use of alcohol shortened his days. I believe that in the evidence which I gave at considerable length on this subject, I was clearly understood, and but for the party spirit which seems to have attached itself to legislation on temperance, and in which, as a professional man, I have no desire to be involved, explanation would have been unnecessary. It is proper, also, that your readers should know, that the indelicacy of bringing Dr. Holyoke's name and his domestic habits before the public in this connection, does not rest with me or the counsel for supporting the present license law, but with the counsel for its repeal.

With regard to the opinion which I gave, and which has excited so much astonishment, that the death of my venerable friend, at 100 years and 7 months, was not from old age, but the result of disease, let it be tested by the facts, and when these are stated, your readers can form opinions for themselves. Dr. Holyoke had passed his 100th birth-day in his usual good health. His hearing and memory were defective. His other mental and physical faculties were better than those of the average of persons thirty years younger. He could walk several miles with ease, enjoyed the company and conversation of his friends, kept up his acquaintance with national politics, municipal affairs and professional knowledge ; read French, Latin and English books with his usual facility, and without the aid of glasses, even for small print, and was as free from the helplessness of dotage and senility as most men of 70. He seemed a sort of evergreen, and it was a delightful privilege to pass an hour in his company. About four months before his death he was attacked with pain in the region of his stomach ; this continued till he was confined to his bed. A fortnight before his death he had gangrene of one of his extremities. He retained his senses till within a few days of his death, which occurred on the 31st of March, 1829. His body was carefully examined, in presence of a number of physicians. The report of the autopsy was published in the memoir of his life, and in the 31st number of the New York Med. and Phys. Journal, for October, 1829, to which I refer for minute particulars.

The thorax was capacious and beautifully symmetrical ; the whole substance of the lungs free from any morbid changes of importance ; the heart was of proper size, not encumbered with fat, and of organization almost absolutely unimpaired, so as to cause the remark, amongst those who were present, that we saw no reason why it might not have lasted him another century, if his other organs had held out. The brain exhibited no changes which had any probable influence in determining his life. The stomach was contracted about the middle by a scirrhous band of considerable thickness, and including a third of its extent. The contraction was so great that the stomach was completely divided into two sacs, and the passage between them would hardly admit a finger. About the middle of the great curvature was a superficial ulcer, of an inch in extent.

The rest of the alimentary canal exhibited changes of more recent date, apparently the consequences of the primary disease of the stomach. The kidneys, ureters, bladder and prostate, so commonly altered by age, were for the most part unaltered. I am persuaded that few men of fifty could have been found, who would have exhibited the heart and other organs, usually altered by age, in so perfect a state as the subject of these remarks.

Does not this dissection tend to justify the remark of Sir Anthony Carlisle, that most aged persons die of actual disease in organs not worn out by the length of time they have been performing their functions? And do not the facts I have now stated sustain the correctness of my opinion, that *disease*, and not old age, terminated the life of the patriarch of our profession? With much regard, your friend,

Salem, March 7, 1839. A. L. Peirson.

Creosote.—A correspondent writes—"The application of creosote in one instance has most certainly expelled the tooth-ache entirely, and doubtless destroyed the sensibility of the nerve." An English physician has used creosote for various forms of irritation of the bowels and stomach, in doses of from one to two minims with ʒj. of mucilage and ʒix. of water, repeated in three, four or five hours.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1839. Feb'ry.		Therm.			Barometer.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
		Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.			
1	Frid.	16	26	26	29.50	29.40	29.40	N	Cloudy	Snow, commenced at 4 P. M. 2 inch. [of snow fell.
2	Satur.	22	24	22	9.30	29.24	29.21	N W	Flying Clouds	
3	Sun.	15	28	31	29.08	28.99	29.00	S W	Clear	Windy, damp and chilly.
4	Mon.	28	28	24	29.16	29.24	29.28	N W	Flying Clouds	High wind, squally.
5	Tues.	7	16	15	29.41	29.39	29.40	N W	Squally	
6	Wed.	6	14	12	29.40	29.42	29.45	W	Squally	High wind, squally, and very cold.
7	Thur.	3	19	19	29.66	29.63	29.59	S W	Cloudy	
8	Frid.	30	47	46	29.30	29.26	29.24	S W	Clear	Storm of rain in the night.
9	Satur.	36	30	20	29.11	29.31	29.44	N E	Cloudy	Snow fell 1 1-2 inch. Even. clear & [pleasant.
10	Sun.	4	23	26	29.64	29.65	29.60	N W	Clear	
11	Mon.	18	31	28	29.45	29.37	29.40	N	Cloudy	Evening, light snow.
12	Tues.	18	28	28	29.63	29.70	29.70	N W	Clear	Evening, very pleasant.
13	Wed.	20	38	40	29.69	29.65	29.65	S	Clear	
14	Thur.	26	36	36	29.56	29.55	29.56	S E	Cloudy	Evening, misty, with some snow.
15	Frid.	33	38	36	29.53	29.53	29.52	S E	Cloudy	Evening, rainy.
16	Satur.	32	45	42	29.52	29.52	29.51	E	Flying Clouds	
17	Sun.	35	46	35	29.43	29.42	29.42	N E	Foggy	Evening, snow storm, 1 1-2 inch fell.
18	Mon.	29	37	34	29.43	29.43	29.49	N E	Cloudy	
19	Tues.	21	36	38	29.60	29.61	29.60	N W	Clear	
20	Wed.	33	40	42	29.50	29.51	29.52	N	Cloudy	Thaw, quite muddy.
21	Thur.	32	41	37	29.62	29.65	29.64	N	Cloudy	Evening, snow fell 3 inches.
22	Frid.	36	40	37	29.65	29.67	29.66	N E	Misty	Evening, rain.
23	Satur.	35	37	36	29.59	29.60	29.62	N W	Flying Clouds	Muddy.
24	Sun.	34	42	44	29.70	29.72	29.71	N	Hazy	
25	Mon.	36	41	39	29.51	29.22	29.18	S E	Rain	Evening, clear and pleasant.
26	Tues.	34	44	38	29.28	29.23	29.16	S E	Cloudy	Evening, rainy.
27	Wed.	34	41	41	28 73	28.90	28.90	N E	Cloudy	
28	Thur.	32	49	45	28.96	28.95	28.87	S W	Clear	Evening, light snow.

Summary.—The month of February has been unusually mild, the thermometer not having once fallen to zero. The extremes of the thermometer have been 3° above zero, and 49. The month has been damp and cloudy; but little snow or rain has fallen. The extremes of the barometer have been 28.73 and 29.72. Snow has fallen from 6 to 8 inches only. The termination of the month exhibits all the appearance of spring.—Diseases at the hospital have been, pneumonia, scarlatina, erysipelas and catarrh; none fatal.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 13, 1839.

DR. FLINT'S ADDRESS.

It would have been gratifying to have made earlier mention of this elaborate production of our old friend and neighbor. It is a closely printed pamphlet of thirty-one pages, and was delivered to the students of the Louisville Medical Institute at the opening of the lecture term in November last, and instead of being too long, is altogether too short for one who wishes to know more of the institutions of Europe, to an account of which a large portion of it is devoted. The doctor was there but a little time since, and he speaks, like one under no obligations, of all he saw or heard in the wards of hospitals, and the theatres of the surgeons. Our object, primarily, is to allow the professor to speak for himself, in paragraph, which is all the room we can afford him to-day.

"*Hygiea* was the daughter of Æsculapius, and succeeded to a large share of the veneration which, in all parts of the pagan world, was paid to that—probably fabulous—God and Father of Physic.

"She is represented as a beautiful female of perfect symmetry and development, in chaste attire, and modest mien, crowned with a wreath of medicinal herbs and flowers. Her right arm is raised, and entwined with a serpent—the emblem of her father's house, and of the universality of his art—which is gracefully extending its head towards a cup supported in her left.

"Under this attractive form, the art of preserving health was cultivated, at Greece, as a religious duty—its exercises furnishing a counteracting influence to that luxury and effeminacy which were the besetting sins of her citizens, and contributing to maintain that rare combination of grace and vigor, which was the physical characteristic of that beautiful people.

"Similar considerations relating to physical development and power, brought Hygiene into favor in Rome at an early period, when its associate department of medicine was rather contemned than respected by that rude and disease-defying people.

"Even at the time of the expulsion of the rational practitioners of the healing art from the city, we may discover the rudiments of that system of public hygiene, which continued to be a conspicuous element in the arrangements of Roman society, during all the political revolutions of the nation. Accordingly we find *Hygiea* among the earliest of the Grecian deities, domesticated at Rome; and a mythological fable of those times, represents her influence to have been so great as to provoke the jealousy of Pluto, and excite apprehensions of the depopulation of his ghostly domain.

"Although the moderns have deserted her temple and disowned her divinity, the service of Hygiea remains among the humane institutions of Christian civilization—its processes improved by the genius and science of those who have successively employed them, and its sphere of action extended to meet the exigencies of progressive society."

But this is not the kind of specimen to be shown to the reader. Still it exhibits the doctor's notions of the importance of hygiene. Skipping over many pages of instructive matter, we find him crouching for a spring upon the medical institutions of Paris, which deserve all that has been so freely and fearlessly said of them.

"Generalizing extremely the expression of my objections, I should say that 'the School' is weakened by the excessive elaborateness of its organization, and burdened by the multitude and detail of its lectures*—that anatomical instruction, both normal and pathological, is too deeply tinctured with transcendentalism—and that the practice in the hospitals is vitiated by a servile adherence to antiquated rules, or a spirit of rash, unjustifiable experiment in the present practitioners. In one or other of these two extremes, you may arrange all you can see of medical or surgical treatment in the general hospitals of Paris—the *juste milieu*, so much talked of by their politicians, has no place in the counsels of their physicians.

"I was exceedingly surprised to find how little of sound, rational, curative information could be gathered from the lessons and example of the hospital practitioners in their vaunted clinics, additional to what a respectable graduate of good American schools will possess before leaving home.

"In surgery, with the exception of a few specialities, they do not seem to have improved on the practice of Ambrose Paré, and exhibit but little of the independent, patient spirit of progress which distinguished that great man. Certainly they cannot be said to have entered on the epoch of John Hunter; and although the labors and accomplishments of their own Bichat are admired and praised, and his portrait honored with a place in the Hotel Dieu, I could not perceive that the inmates of that institution were realizing, from the application of his principles to the treatment of disease, anything like the advantages they have secured to the sick, even on this distant continent.

"The French practise surgery too etymologically, if I may so speak, as if it were a mere handicraft or species of trade. They put on their aprons and go to work, for all the world like so many barbers or bakers, emulating each other in the elaborateness of their dressings, burdening and tormenting diseased and wounded parts, *more canonico*, with that same system of absurd appliances, so admirably criticised by Mr. J. Bell, in his chapter on adhesion. The barbarous cautery is still in too much favor with the Parisian surgeon, and most of the old-fashioned notions respecting suppuration, digestion, &c., with the painful appliances they indicate, appear to be a part of the orthodox surgery of Parisian hospitals. Not that novelties are unknown there—but modifications of practice, to be attractive to them, must be extravagant, ultra, or even fantastical. They entertain, with enthusiasm, a plan for curing *Fistula Lachrymalis*, by obliterating the puncta, for healing amputated stumps by enclosing them in wooden ovens, or for retaining the fragments of a shattered limb in comfortable and sanative contiguity, by crushing them in the rolls of a tightly applied bandage. It was not a little amusing, indeed, to observe the last-named conceit, after having run the gauntlet of rational surgery, from the valley of the Seine to that of the Mississippi, returned to the place of its origin, and figuring among the novelties of La Pitié. And there it belongs—in a French hospital, where neither fatality nor any less mischievous consequence seems a valid objection to any scheme or proceeding, by which a practitioner can acquire a temporary notoriety, in contrast with his competitors and rivals."

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* In one respect, however, the routine of instruction is on a better plan than that which is pursued among us—there are but *three* lectures a day at 'the School,' during the term, and no one professor lectures oftener than three times a week.

"To these disparaging views of general surgery, there are admirable exceptions presented in the practice of gentlemen who have devoted themselves to particular departments of the art. Among these is M. Ricord, who, carrying into his ample field of observation, an enlightened sense of our deficiencies and desiderata in that class of diseases, has established discriminating views and sound rules of practice, which, so far as ends can justify the use of means of equivocal propriety, extenuate, at least, the means—some of them of doubtful morality—which he has employed in their attainment.

"A similar commendation is due to MM. Civiale and Leroy."

A multitude of claims, from other sources, quite forbid a more enlarged notice, or a greater number of extracts. A free circulation of the pamphlet will have an excellent influence on the prosperity of the Louisville school, and certainly afford the friends of science much pleasure and permanent satisfaction.

Asylums for Inebriates.—A pamphlet of thirty-eight octavo pages, containing 18 essays on the importance of establishing asylums for drunkards, is now before the public. It was written by Dr. Woodward, of the Worcester Insane Hospital, and merits a careful perusal. It seems, by the preface, that the articles were published five years ago, in the Boston Mercantile Journal, and at the solicitation of the friends of the temperance reformation (a great and good work, which, for the honor of the age, we fervently hope will be sustained all over the habitable globe) they have been embodied in their present connected form, for convenient circulation. The author, who is a philanthropist as well as an experienced physician, in reference to the creation of institutions for the express residence of inebriates, speaks thus—"The writer may say, without ostentation, that his advantages for ascertaining the results of confinement and entire abstinence from intoxicating drinks for a long period, have been rare and unusual, having now been connected for twelve successive years with *two* institutions, in which numerous individuals, amounting to many hundreds, were confined, who by intemperance had become insane, or who had perpetrated crimes which rendered confinement necessary. The result of this experience has been the fullest conviction, that a large proportion of the intemperate, in a well-conducted institution, would be radically cured, and would again go into society with health re-established, diseased appetites removed, with principles of temperance well grounded and thoroughly understood, so that they would be afterwards safe and sober men." The subject is surely one of vast importance to the community, and therefore the publication commends itself to every reflecting mind. Unless the reformation does succeed, a house for the confinement of insane drunkards will ultimately be as necessary for many towns, as an almshouse for the poor.

Massachusetts General Hospital Annual Report.—This note is principally for the purpose of acknowledging the civility of Dr. Bell, from whom a copy of the report was kindly sent. As a statistical document it is important, and will doubtless be received, as those were which have preceded it, with satisfaction by the public. It is always gratifying to know how public charities are managed in the interior, which it is the object of these annual publications to explain. From January 1838, to January 1839, in the hospital in Boston, 380 patients were received ; 174 were discharged well ; 66 much relieved ; 35 died ; 3 eloped, and 48 were not relieved. The greatest number of patients in the house at any one time, 53. Expenses of the hospital for 1838, $13,096 54. Connected with this is the McLean Asylum for the Insane, at Charlestown, an admirably conducted institution. The whole number of patients remaining in the asylum at the commencement of the year, was 86 ; and there were received during the year 1838, 138 persons, which gives a total of 224 who enjoyed the benefits of this excellent charity. The year's expenditure, including $1,490 79 for a new building, was $20,096 71. The manner in which the trustees manage the two, is deserving of the highest commendation. Beside being liberally disposed, and always ready to co-operate with those who propose judicious improvements, they are not forever interfering with the medical officers, which is the cause of so much ill temper, and operates so disastrously, in several of a kindred nature in neighboring cities.

Medical Miscellany.—A certain Mr. Gannel is doing wonders, in England, in the way of embalming birds, asses and men, in Little Windmill-street Anatomical Theatre. He uses two liquids ; one being injected into the arteries for preserving them, and the other simply resorted to for staying the putrefactive process while dissecting.—Mr. Streeter exhibited to the Westminster Medical Society, lately, the œsophagus of a patient which was contracted to the size of a crow-quill.—There has been a vulgar quarrel at the far-famed Salop Infirmary, England ; Drs. Dugard and H. Johnson, and another Dr. Johnson, not agreeing in anything but vilifying each other's character, are all crying out to the Shrewsbury public for redress.—A strange fœtal malformation has been pictured by Bolton, of Lambeth, which is nothing more nor less than a prodigious pair of legs, without a head.—Dr. Marshall Hall's lectures on the nervous system are excellent, but too insufferably long. One of the last on the excito-motory system is minute to a fault, and has too much theory for its facts.—Muller's Elements of Physiology is out, in England, in three distinct parts.—Dr. Alexander Tweedie's Library of Medicine is preparing for publication.—Dr. William Turner has been elected chairman of the general committee of whig young men, in New York.—A woman who had been blind twelve years, suddenly received her sight, most unexpectedly, without having done anything to promote it.—Dr. Flint says, after speaking of the principal hospitals of Europe—" I must regard as the best hospital in all its essential attributes, that I have ever noticed, the Massachusetts General Hospital at Boston."—The Lunatic Asylum at Halle, is an old prison.—In Russia there are asylums for the insane, well conducted.—It seems by some old papers found in the State paper office, in Ireland, that lithotrity was actually practised in that country one hundred and eighty years ago.

Died,—At Southborough, Mass., Dr. Joseph Bullard, 65.—At Louisville, Ky., Dr. Daniel Brent, 22.—At New Orleans, Richard Davidson, M.D., 57—a distinguished member of the profession.

Whole number of deaths in Boston for the week ending March 9, 34. Males, 12—females, 22.

Of consumption, 6—infantile, 2—croup, 2—typhous fever, 2—lung fever, 4—inflammation of the lungs, 2—teething, 1—scarlet fever, 6—hooping cough, 1—marasmus, 2—intemperance, 1—abscess, 1—child-bed, 1—dropsy on the brain, 1—casualty, 1—inflammation of the brain, 1—stillborn, 1.

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply WILLIAM BROWN.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess D'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafield, Professor Francis U. Johnston, President County Medical Society; Laurens Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,
Office 4 Vesey Street, Astor House, New York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $10. Feb. 13—6m

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston. J 16.

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.

Oct. 17—1yeop

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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THERAPEUTIC QUALITIES OF PRUSSIC ACID.

BY J. C. HALL, M.R.C.S.L.

The lamented death of Mrs. Maclean has called the attention of the public to the merits of hydrocyanic acid as a therapeutical agent, and many have already imbibed the idea that prussic acid is a most dangerous poison, and perfectly useless in the treatment of disease. The London Times copied, recently, a long paragraph from the Edinburgh Courant, in which the writer observes, "It ought to be generally known that there are no diseases capable of being alleviated by prussic acid which may not be, with equal certainty, relieved by other and safer means. The patient, therefore, who uses it at his own risk, runs the most imminent hazard of his life; and the physician who prescribes it, *without the most cogent necessity*, does little *less than sport with the life of his patient.* The writer of these remarks has been twenty-two years in practice, during which period he has seen many thousand cases of all descriptions, and in all classes of society, and yet he has never once had occasion to prescribe prussic acid, having always accomplished the end he had in view by other means. He knows active practitioners, of still longer standing, who can make a similar statement; but he is *sorry to add that he knows much* YOUNGER MEN who employ it often and with *much too little caution.*"

Now, sir, the writer makes a grave charge against the members of our profession. Happy man! he has treated "many thousand cases of all descriptions, and has always accomplished the end he had in view." Others, however, have not exercised the same skill, do not possess exactly the same chest of simples, and, therefore, with "too little caution," make use, frequently, of this valuable medicine; and I, for one, shall continue to use it, even at the risk of being accused of "sporting with the lives of my patients." Without being able to boast of "twenty-two years' experience," I may be allowed to mention the case of a young lady, who had for several days been unable to retain a particle of food upon her stomach; even fluids were immediately rejected; every means had been used by the medical gentleman who attended her, but in vain, and at his urgent request a physician was sent for. What was the remedy? R. Hydrocy. acid, two minims (Scheele's); orange syrup, thirty minims; water, one ounce; a draught every fourth or sixth hour; and I had the happiness of seeing my friend restored to health, the sickness ceasing after the exhibition of the second draught.

Nor is this a solitary case; only last week I saw it given in a similar case, though not so violent, with the best effect.

It has, however, justly been remarked, that some test ought to be enjoined to ascertain the strength of the acid employed. In the last edition of the "Pharmacopœia Londinensis" we have the acidum hydrocyanicum dilutum, which differs in strength from the preparation commonly used under the name of "Scheele's," and, therefore, in a remedy so important, as well as so powerful, a uniformity of strength ought to be preserved. Hydrocyanic acid consists of—

1 Nitrogen = 1 by 44 = 14
2 Carbon = 2 by 6 = 12
3 Hydrog. = 1 by 1 = 1
27

The strength of any solution of this acid may, according to Dr. Ure, be ascertained by adding to 100 grains of the hydrocyanic acid small quantities of the peroxide of mercury, in fine powder, until it ceases to be dissolved. The weight of the peroxide dissolved, divided by four, gives the quantity of real acid present. The rationale is this: the equivalent of peroxide of mercury, 216, happens to be just eight times that of prussic acid, 27; therefore, as the prussiate of mercury consists of two proportions of prussic acid to one of base, it is evident that the quantities of acid and of base in the salt are in the ratio of one to four.

Let us now examine the compounds of this acid.—*Laurel water:* this is the distilled water of the leaves of a species of cherry, the prunus laurocerasus of Linnæus, a native of the coast of the Black Sea, although it is now very common in Europe, into which it was brought about the end of the sixteenth century. It belongs to the natural order *amygdalacæ*. The volatile oil residing in the leaves and kernels of the fruit is combined with hydrocyanic acid. The flowers, as well as the leaves, have the odor and taste of the bitter almond and the kernel of the peach, and communicate both, readily, to boiling milk, cream, diluted alcohol, and other substances, in which form they are used as condiments—very improperly, and by ignorant servants.

Oil of bitter Almonds.—The seed yielding the greatest quantity of combined hydrocyanic acid, is the bitter almond—the kernel of the fruit of the variety of *amara* of the *amygdalus communis*, a tree which is a native of Barbary and Syria, but is now cultivated in Europe. The poisonous influence of the oil of bitter almonds was known so early as the time of Dioscorides, who states that it was employed for killing wolves, but it was not known until a German chemist, Bohm, ascertained the fact, that this influence greatly depends on the presence of hydrocyanic acid. According to the experiments of MM. Henry and Plisson, the constituents of oil of bitter almonds are—

Carbon	74.40
Oxygen	11.79
Nitrogen	5.97

The powerful and poisonous effects of bitter almonds, eaten in large quantities, were observable at a very early period. Besides influencing men, the volatile oil acts powerfully on quadrupeds, causing convulsions. The most remarkable instance of poisoning by laurel-water is that of Dr. Price, the alchemist, who, in 1782, poisoned himself with laurel-water a few days after repeating his experiment of converting mercury into gold. In cases of poisoning, it was remarked by Cullen as "a curious fact, that however instant its operation, no traces of inflammation were ever detected after death." But it was not till after hydrocyanic acid was ascertained by Bohm to be the active principle in laurel-water, that the cause of this was fully understood.

Strong Hydrocyanic Acid—that is, in its anhydrous state, is a powerful poison. A drop of it injected into the vein of a large dog produces instant death—quick in its effects as a flash of lightning, destroying the poor creature as quickly as a shock of the most powerful electrical battery; proving that it exerts its influence directly on the nervous sensibility, which it at once destroys, and not, as some have supposed, by being taken into the circulation. It affects all animals, from the worm to man. All who take it die; all are affected in the same manner; and even vegetables suffer in an equal degree. An instantaneous cessation of life takes place; yet the eyes remain open, appearing bright, animated, as though the vital spark had not forever fled from its tenement of clay. Yet, on opening the body, the heart may be observed to pulsate; as Magendie has remarked, "the animal may be dead with regard to its external functions, although still enjoying life through its nutritive faculties." I ought, however, to remark, that if the strong acid be employed, some difference takes place in the appearance of the eye, the extreme coldness caused by the evaporation rendering the cornea opaque when applied to it.

The public generally, however, are not aware that the medicinal acid differs from that fluid which is so justly dreaded, so justly regarded as a deadly poison. But are we, Sir, to give up the use of a remedy simply because, from its imprudent use, some few have fallen victims? Are we to abandon its exhibition because for "twenty-two years" a gentleman who will not "live and learn" has done without it? Are we no longer to use it because one of the most gifted of her sex was cut off by it? We might just as well give up the use of opium and its preparations, which is equally dangerous in unskilful hands. The drunkard, according to the doctrine of some, may be allowed to end his brief career amid the ravings of delirium tremens, because for "twenty-two years" some one has never seen a case, or seen a simple case get well without it, by laying the head upon a hop-pillow, and taking three drops of tincture of hyoscyamus three times a day.

I need not appeal to the members of our profession for proofs of the efficacy of prussic acid, as an external application in *prurigo*, inveterate psoriasis, and several other skin diseases attended with severe itching. They are well aware of the comfort it affords to the sufferer by allaying the severe itching and tingling by which they are attended. In chronic catarrh abundant examples have been afforded of its efficacy, which may be accounted for on the principle of allaying irritation, and thereby favoring a slower, and, consequently, a more healthy gastric secretion.

At least, such is the opinion of Dr. A. Todd Thomson, whose experience extends over a period of somewhat more than "twenty-two years." Dr. Elliotson has fully proved the advantages derived from the administration of this medicine in dyspepsia; and the relief which it affords in pyrosis (by allaying the irritation of the stomach) is too well known to require comment. "In hooping cough," says Dr. Thomson, "I regard it as the sheet-anchor of the practitioner, and I do not think I am stretching my praise of it too far in affirming that few cases of this disease would prove fatal were the hydrocyanic acid early resorted to, and judiciously administered."

At the same time it must not be forgotten that it is a powerful remedy —a medicine not to be played with; one which ought never to be taken except when prescribed by a medical man, and then the patient should never prepare the medicine himself; but of this I will say nothing. The fate of poor "L. E. L." speaks far more eloquently, far more conclusively, than any words which my pen can trace.—*Lon. Lancet.*

DR. BUGARD'S TREATISE ON GENERATION.

[Concluded from page 76.]

Of the Umbilical Cord.—I consider the umbilical cord as a prolongation of the fœtal part of the placenta. Its functions are described in the preceding article. It is generally composed of two arteries, which take their fœtal origin in the internal iliac arteries; of a vein, and of cellular substance which holds these vessels together as in a sheath. It seems to be more or less twisted, and, to explain that circumstance, some physiologists, without considering how little importance should be attached to questions the solution of which can afford no practical advantage, have imagined that the fœtus turns in the uterus, and that the cord is more or less twisted, according to the number of turns that have been performed. But might it not be asked, why should the fœtus turn? Why should it execute evolutions which appear, if not impossible, at least very difficult? I feel confident that, in fact, the umbilical cord is not twisted, and that the appearance it presents is produced by the arteries, which, in a spiral form, surround the vein; and I have no doubt that were the cord carefully dissected it would be found that the arteries are much longer than the vein. I am inclined to think so, also, from the fact that the external part, or sheath, formed by the cellular texture, is never twisted. But, it might be asked, why should the arteries have such a spiral form, whilst the vein must, according to such an arrangement, be comparatively straight? It is in accordance with a principle of the animal economy, which may be noticed in almost any part of the body, by which veins are generally more direct in their course than the arteries; the latter being crooked in order to moderate or check the force of the circulation caused by the direct pressure exerted by the propelling efforts of the heart—the former being straight, in order to facilitate the course of the same fluid, it being deprived of such a propelling agent.

Of the Membranes.—The membranes are two, or rather three, in number; the amnion, which even in the vesicular gland is the external part of the vesicle, and which encloses the liquor amnii, the umbilical cord, and the embryo, or fœtus; the vera or propria, and the reflexa decidua. But the latter may be considered as a duplicature of the decidua vera, folded over itself by the action of the vesicle on entering into the uterus and expanding according to the growth or development of that which it encloses.

Of the Liquor Amnii.—I think that the liquor amnii is a secretion of the amnion, solely destined to the protection of the fœtus, though some physiologists have thought that its use was to afford it a suitable nourishment. This I cannot believe, because I cannot understand how a nutritive substance can pass through the process of digestion without producing excrement, and I doubt whether any have ever been found in the cavity of the membrane in which the fœtus is enclosed.

Of the Fœtus.—The fœtus, which at birth generally weighs about seven pounds, is the only object of the process of gestation or pregnancy, all the other products, such as membranes, placenta, &c., being but auxiliaries to its growth. I shall not undertake to describe the gradual or successive development of the parts of which it is composed, but shall mention only what may be found in any writer on this subject, viz., that during the two first months of pregnancy its growth is hardly perceptible externally; but that at the third month it is such that the uterus fills up the cavity of the pelvis, and towards the fourth it ascends into the hypogastrium; towards the sixth month the fundus of that organ rises to the height of the umbilicus; towards the seventh a little higher, and towards the eighth it almost extends to the epigastrium, which it reaches towards the ninth, and soon the whole abdominal tumor falls down, and thus announces the near approach of labor or delivery.

The fœtus is not always perfect, and the different imperfections which it presents may be divided into three classes: the first comprising those whose imperfections can be noticed only on the skin; the second those whose imperfections consist in the want, the deformity, or the addition of some part or parts of the body; and the third those that present the connection, more or less perfect, of two beings united together by some part of the body.

As to the first, I have nothing to add to what has been written on the influence that the mind of the mother exerts or may exert upon the fœtus; I must only acknowledge that I believe that when a pregnant woman experiences strong and violent impressions, her nervous system may receive such a shock that it may be communicated to her offspring, who may receive a mark of the object that was the cause of her excitement.

As to the second, I think that they are the result of imperfections that exist in the rudiments of the embryo, in the vesicle, even before fecundation; except in some cases in which a limb or part of a limb is missing, which may be owing to the action of the cord, having operated like a ligature.

As to the third, I believe that, as there are eggs that contain two yolks, and seeds that contain two kernels, there are vesicles that are double—that is, they contain the principles of two beings, and that those beings come into the world more or less perfect according as the principles from which they are derived are more or less distinct or separated in the vesicle; and that the parts which are confounded in it, are those which are common to both beings, or those that are not double. But, after all, what real advantage can be derived from the solution of such difficulties? Not any; since before delivery no one can tell whether the object that a woman carries within her is a well-formed fœtus or a monster.

I cannot leave this subject without mentioning a very important fact in physiology, viz., that a double being was never found presenting the two sexes; I mean that in case of union, a male and a female were never found together, but always two males or two females. This circumstance would be a convincing and irresistible argument in favor of the theory that teaches that each vesicular gland secretes the principles of only one sex; for were it not so, why could we not find, once in several thousand cases, that a male and a female are united together by some part of the body?

Although I am far from having exhausted my subject, since I should have said something of the signs of pregnancy, of the diseases which it causes, of the accidents to which it exposes, of the cares it requires, of the peculiarities that a well-formed fœtus presents, whether in its thymous and thyroid glands, in its lungs, circulation, fontanelles, renal capsules, &c.; of labor and lactation, yet I must conclude my dissertation. But will the ovists, whose maxim is *omne vivum ex ova*, pardon me for having used the names of vesicles and vesicular glands, instead of ova and ovaries? I doubt it. However, I hope that they will appreciate the reasons that I have given in support of my opinion on this subject. Should it not be so, I would almost feel disposed to offer them, as a term of conciliation, to give the name of ovum to what is contained in the uterus at the time of labor. Then its resemblance, or rather analogy, to an egg of a fowl, is less imperfect; since the amnion may represent the membrane of the egg; the decidua may represent the shell; the liquor amnii, the white; and the fœtus, the yolk. But what an effort is required to perceive that analogy! That which exists in the reproduction of plants and the human race is certainly much greater and more striking; for if we follow it through its progress, we may notice that the vesicle or seed, after having been fecundated, detaches itself from its capsule, where it leaves the pedicle (corpus luteum) which holds it in the capsule (vesicular gland), it falls or is carried to the place destined for it by nature; there it stops and attaches itself by its hylum, and strikes root. Its roots absorb the juices that are necessary for the development of the principles which it contains, and which circulation takes to the places where they are necessary. As soon as the roots (the placenta) have commenced their functions, the plant (the umbilical cord) grows, as well as the fruit (the fœtus) which it is to produce. That fruit, which at first is imperceptible, grows until it is ripe; and then the covering parts (the membranes) burst and open, and let fall what they contain (the fœtus), which, like any other seed, is to serve, some day, in its turn, for the reproduction of its own species ; and the poor plant that produced that new being, like any other annual plant, dies, falls, dries, and decomposes itself, to return to the first principles of matter whence it came.

MEDICAL ESSAYS.—NO. V.

[Communicated for the Boston Medical and Surgical Journal.]

Having suggested to the reader certain prophylactic or preservative measures of a *negative* character, we shall now proceed to the consideration of such as may more appropriately be called *affirmative ;* and the first will be *Exercise.*

We trust that our readers will relieve us at once from making any effort to show that *bodily exercise* of some sort is indispensable to the enjoyment of good health. There is one pre-requisite or important condition, however, in regard to bodily exercise, that may be said to constitute the sum and substance of all the benefit to be derived from it, and that is, it must be *habitual.* It is manifest that sudden and violent efforts of the body can scarcely fail of being injurious, even when there happens to be no displacement or disorganization of any vessel. Almost all kinds of manual labor, and the labors of agriculture, have a salutary tendency. Certain gymnastic exercises are healthful ; but for want of proper management or system, these establishments in our own country, as yet, appear to be temporary, or unproductive of the benefit sought for. Of the two principal kinds of exercise, riding on horseback and walking, the latter, when habitually pursued, is supposed to have the preference. On hearing a youth solicit a kind father for a horse to ride, an elderly physician, who happened to be present, inquired of the young man for what purpose he wanted a horse, and to the reply, rejoined as follows. " Don't you know," said he, " that riding is being exercised, and that walking is exercising." This remark we have often had occasion to repeat with satisfaction to ourselves, and apparently so to others. In the advice given by medical men to invalids in regard to exercise on horseback, there is often too little stress laid upon the gait of the horse, the nature or character of the country ridden over, the distance of riding, and the weather. These are indispensable considerations. There is scarcely any portion of our country, in which a moderate and habitual walk, taken early in the day, or some other gentle and out-door exercise, in good weather, will fail of being healthful. It would seem that early rising, in order to fulfil its high and noble pretensions, should be accompanied, as far as practicable, with some out-door exercise. It is observed, however, that in the climate of the southern border of the Union, and in the warmer months, the practice of sitting by a fire early in the morning, is often found beneficial. We were acquainted with a man of plain manners, but good sense, living in the State of Mississippi, who was regularly in the habit of rising early in the warmer months, and sitting an hour or two by a comfortable fire. It may be thought unreasonable to require servants or laborers to expose themselves to the morning dews; and yet we would not hesitate to make it a rule for every person to rise early, and in good weather take the morning air, and, if practicable, perform some out-door exercise or labor.

The benefit to be derived from walking is promoted very much by the motion of the arms. This is generally uniform, alternating with the motion of the lower limbs, and helping to preserve the principle of gravity. The motion of the arms and hands is more intimately concerned with the general circulation than some are aware. Hence we have occasionally employed the term rotatory, as expressive of a peculiar motion of the hands (both hands being rotated upon the wrist at the same time), which we have known performed with manifest and great advantage; and particularly, as it facilitates (by way of the circulation) the alvine discharge, and prevents the accumulation of fœtid gas in the stomach and bowels. The theory of this exercise (if it may be called a theory) consists not only in the diffusion of more blood into a particular organ or tissue, but also in giving an additional and healthful velocity to the circulation. The circulation, from various causes, may become languid, and some local or general injury may be the consequence. It is the opinion of an eminent medical author, that when the circulation becomes languid, the nervous and lymphatic systems predominate of course. But more of this hereafter.

We shall now proceed to offer a few remarks upon the sitting and lying down postures. Many a student, as well as many an individual of a sedentary habit, finds his health materially injured by the posture of bending or leaning forward over a low table, and by that unnatural posture of the body that generally takes place in using leaf chairs. It is manifest, from the construction of the thorax or chest, that it will not admit of being compressed with safety. The posture of leaning forward upon a low table, must of course affect the circulation by way of pressure. We trust this remark will not be found inapplicable to the female sex, who, one would suppose, would experience a still greater injury, from any unnatural compression of the chest. The effect produced in this way, we have signified, is somewhat similar to that of wearing corsets; the very naming of which, is amply sufficient to excite an apprehension of evil. As the labors of women are generally performed within doors, and usually in a sitting posture, it would seem incumbent upon them all to avoid the evil alluded to. It is indeed wonderful to see how extensively this bad posture of sitting prevails among both sexes. We cannot tell precisely how this matter stands in France and England and other countries, but it is certainly a reproach to us Americans. It is said, by way of reflection upon this country, that an European gentleman seldom or never leans backward in his chair. But admitting that this posture is not altogether commendable, yet as it does in a good degree secure the erect position (which we contend for), it cannot be very injurious to health. As it is not within the scope of our design to particularize, we shall say nothing concerning the form of the chair, or upon the practice of sitting cross-legged or otherwise, provided the reader will duly reflect upon the reasonableness as well as dignity of sitting in the erect position.

In regard to lying down for rest and the nature of beds generally, and the form of bed-steads among us, we would suggest a few thoughts. One would suppose that the temporary pleasure of lying upon a high feather bed and under a superabundance of bed-clothing, would yield at once to the consideration of health and comfort. Nothing is more manifest than that the recumbent posture of ninety-nine out of a hundred among us, is peculiarly unnatural and injurious. Many persons place themselves, body and limbs, in such a condition or posture as necessarily to produce a stoppage of the circulation, if not an irksome or painful state of the muscles. How often is this practice accompanied with broken rest, terrifying dreams, and consequent ill health. All beds of rest require but a moderate quantity of feathers; and, in our humble opinion, the bedstead should be a little elevated at the head, and which is properly represented by a gently inclined plane. The French people, many of them, make use of the matrass bed to much advantage, and we cannot but hope that our good citizens will follow the example, and become wiser in that particular, and consequently rest better, rise earlier, and become a more healthy and hardy race. There is good reason to promise ourselves much from the late invention of India-rubber beds, especially as they are well adapted to the comfort of the sick and convalescent. But as we have little experience in this matter, we say but little.

There is scarcely anything more essential to good health, than regular alvine evacuations. The extent of the alimentary canal, its relations and connections, as well as its peculiar structure, render it an important subject of consideration, both in health and sickness. We are not at all surprised that the celebrated Broussais should make it the ground work of his whole system. Its structure and position manifestly render it liable to great and constant derangement. Although we firmly believe, that in nine cases out of ten, proper diet and proper exercise will secure the healthy action and condition of this canal, or restore it from any derangement that may occur, yet the disposition and circumstances of many are such, that when obstructions or derangements occur in it, a resort to purgatives becomes advisable. All know and feel the evil of constipation, and few can fail to recognize its tendency to undermine the system. Accordingly we see one and another resorting to some means of removing the evil; and for want of proper knowledge and prudence, they often make use of the most violent and acrid purgatives. Purgatives are often given (especially by quacks) for no other purpose than to remove the hardened and offensive fæces. "A knowledge how to regulate the alvine evacuations," says the immortal Hamilton, "constitutes much of the prophylactic part of medicine. It may be proper, on some occasions, to advise the patient to re-trace the footsteps by which he has deviated from simple nature; and to court pure air, moderate exercise, and simple diet. When this does not remove costiveness, and the ills which proceed from it, the interposition of purgatives will be necessary." "A purgative," says one, "is a medicine which operates more powerfully on the bowels than a laxative; stimulating the muscular, and exciting increased secretion from the mucous coat."

Much evil arises from an indiscriminate use of purgatives, and especially from the frequent use of those that are acrid and drastic. The empiric has one or two sovereign purgatives, and no matter how violent and acrid the stimulus! All the virtue there is in his purgative lies in its sure and violent operation! He will also, at the same time, present you with a pill that is *sure* in its operation, and so constructed (being altogether vegetable) as to be free from violence or inconvenience! This is a specimen of logic somewhat of a piece with that which expels every fever by creating a fire that will burn out the sooner by an excess of stimulation! The common mistake in regard to purgatives lies in not selecting that which is suited to the case, and not administering the proper quantity. A saline purgative is, doubtless, often to be preferred, but it is as important to regulate the dose of salts as any other dose. There is, perhaps, no one purgative, for and against which so much has been said and written, as *calomel.* Calomel, however, is proscribed forever by the empiric! He calls it *rank poison*, and says it is sure to destroy both life and health. And we will grant that he is in this instance, and for once, deserving of some credit on the score of consistency. He is absolutely ignorant of the nature and proper operation of *calomel*, and therefore in his hands it becomes an *edged-tool*, which should never be in the hands of the *ignorant*, the *prejudiced*, or the *insane.* It is admitted by all wise and experienced physicians, that calomel should be used with great caution, and be followed at a proper time (except when given in very minute doses) with oil or some other purgative. The bowels of some persons require stronger purgatives than others; and all we have to say is, that those persons should be doubly cautious in the use of them.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 20, 1839.

DISEASES OF FEMALES.*

Dr. Churchill is know to us, and to the readers of foreign medical periodicals, as the author of many excellent papers on midwifery subjects. In them he has shown himself a careful observer, and very able reporter of what comes before him. His offices of physician to a large lying-in charity, and of lecturer on midwifery in a medical school, have offered rare opportunities for observation, and a strong motive to make the very best use of them. Dr. Churchill has always shown in his writings that he has been faithful to his opportunities and duties; and the student and the profession generally are now placed under new and greater obligation to him for this extended and very useful work. The medical schools of Dublin have done a great deal for the profession. We rejoice that so much advantage has been taken, in that great city, of the abundant means furnished for medical observation, and for advancing the art. In midwifery a vast deal has been done. Who does not feel under deep obligation to the late Master of the Dublin Lying-in Hospital, for his excellent writings, and the present Master is faithfully carrying forward the labor of his predecessor.

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* Outlines of the Principal Diseases of Females. Chiefly for the use of Students. By Fleetwood Churchill, M.D., &c. &c. Dublin: 1838.

We very much like the general plan of Dr. Churchill's work. It is divided into *text* and *notes*—the latter following directly below the former. The text contains matter of practical interest, what the student is to be prepared by for the exigencies of actual practice. The notes are philosophical criticisms of the contents, or doctrines in the text. They are very valuable. They contain, for the most part, opinions of others, more or less at variance with those of our author, and are given in their language. While, therefore, for general purposes, the volume may be well consulted in the text, we recommend to the student to study the notes with great care. He will so learn the value of what he has collected from the body of the work, and arrive at a juster estimate of its practical truth.

This volume contains two parts. The first part is devoted to the diseases of the external genitals. Part second, to the diseases of the internal genitals, the latter being broken into sections for the greater convenience of treating the diseases of particular organs. This part, with the exception of about twenty pages, fills the volume.

Dr. C. gives to his subjects the attention which their importance demands. Hence, though his book is a long one, it is truly practical. Look at his descriptions of disordered and diseased menstruation, states which require so much medical care, and which are so rarely wholly relieved. We have read all this with care and profit. Dr. C. describes three *forms* of menorrhagia. The third he thinks has not been before noticed. We extract the description.

" The *third form* differs considerably from the other two. The discharge is more profuse and its effects more severe ; it is accompanied by marked alterations in the condition and relations of the uterus, occurs at a later period of life, and is more difficult to cure.

" The attack is not confined to any one kind of constitution or temperament; it occurs in the plethoric and in the debilitated, in the melancholic as well as in the sanguine. I have never seen it in a patient under 40 years of age, nor after the cessation of the catamenia.

" The attack is preceded for some time by irregularity of the menses, both as to time, quantity, and the duration of each period, with occasional uterine leucorrhœa during the intervals. It is not until the menses have flowed naturally for about 24 hours that the sanguineous discharge appears. Large clots are then expelled, in addition to a great increase in the fluid discharge. At first, the attack lasts 7 or 10 days only, but in cases of longer standing I have occasionally known it to continue throughout the interval, and terminate after the next period either gradually or suddenly.

" The quantity lost, varies, of course ; it is sometimes very large ; it was sufficient in one case to excite fears of a fatal result.

" The recumbent posture appears to have no effect upon the discharge, there being as much observed during the night as the day. Any exertion or long standing never fails to increase the amount.

"During the attack the patient complains of excessive exhaustion, of a sense of weight in the pelvis, of a dull pain there occasionally, and of weakness of the loins. In all the cases I have seen, there was considerable dysuria, especially after long standing; several, indeed, were obliged to lie down before they were able to evacuate the contents of the bladder completely.

"The general health, of course, suffers considerably; the appetite diminishes, the tongue is clean, though pale, the bowels become constipated, the surface blanched, and the strength much reduced.

"The pulse is occasionally quickened, but more generally quiet, and enfeebled in proportion to the loss of blood.

"An *internal* examination will detect the os uteri somewhat lower in the pelvis, and directed more towards the sacrum, than usual. It is rather more patulous than in a perfectly healthy subject, even at the time of menstruating, and the cervix is more or less swollen, especially anteriorly, where it expands into the body. It appears to be tilted forward by its increased weight, so as to press upon the bladder, thus affording a satisfactory explanation of a symptom (the dysuria) which I have noticed in every well-marked case of the disease. No increased heat is observed in the vaginal canal or about the cervix. The cervix and body of the uterus are generally, but not always, slightly tender on pressure. When the finger is withdrawn, it is found covered with a sanguinolent discharge somewhat thinner than blood, and devoid of smell.

"The amount of these changes will vary in different cases; in some, the cervix appears the part chiefly affected; whilst in others, the body of the womb, as far as the finger can reach, feels greatly swollen. The discharge seems to be always in exact proportion to the degree of uterine congestion."

We have seen this form of menorrhagia. We have known it in one case fatal, and in another it threatened life. The enlargement of the womb from retained clots was most striking in one case. It disappeared entirely. Cold astringent injections per vaginam were freely used in these cases, and without harm. Ergot, so much relied on in small doses by Dr. C., was not used in any of them.

Dr. C., in his chapters on *amenorrhœa*, says but little of a symptom of amenorrhœa which has been noticed in this city, and described by one of our ablest physicians. This symptom is *dysuria*. This belongs to that form of amenorrhœa which follows the sudden suppression of the catamenia by wetting the feet, &c. Along with this symptom is frequently associated another, circumscribed severe soreness and pain in the abdomen, somewhere in a line drawn from the umbilicus to the spine of the left ilium, and lastly, sudden discharges of pus from the vagina. We cannot but think our author must have met with this assemblage of symptoms in the form of amenorrhœa referred to. Yet he speaks of it as a rare occurrence. We only add that the disease we allude to thus briefly, is most painful and most lasting.

We thank our friend in New York for this presentation copy of Dr. Churchill's work, a reprint of which could hardly fail to be acceptable in this country. We might name others eminently worth publishing here—such are Montgomery on the Signs of Pregnancy, if accompanied by the plates—all Ingleby's midwifery writings—Kennedy's and Robertson's. These would form highly valuable additions to our midwifery literature, and could not fail to be widely purchased.

Monograph of the Ligneous Plants indigenous to Ohio.—Professor Riddell, a pattern of scientific industry, patience and learning combined, has completed an analytical table, which, to the botanist in that region, must be exceedingly valuable. He says the arrangement which he has adopted depends solely upon the diverse forms and characters of the leaves. "Having, for instance, the foliage of some wild woody vine before us, we first," says the professor, "see whether one or more leaves are attached to the same foot-stalk. If but one, the vine falls in Division I. Example—Div. I., leaves simple. Class I., leaves entire on the margin." "We then examine the margin of the leaf and find it notched, perhaps. This circumstance throws it into the 2d class, and being a vine, it necessarily belongs to the 12th section." Not being very conversant with botanical pursuits, we are incapable of appreciating the labors of this indefatigable man in the particular department to which he is now calling the attention of the public; but in other branches of natural science, he has given such repeated evidences of high attainments, that we have a proud satisfaction in referring to his achievements. A number of years appear to have been devoted to perfecting his new method of classifying plants and testing its correctness, which the ingenious author fully believes will facilitate and simplify the delightful study of botany.

Northern Dispensary of New York.—A correspondent, in the city of New York, has kindly presented us with the eleventh annual report of that uncommonly well-conducted and flourishing charity, the Northern Dispensary. It is totally unlike the dispensary of Boston, in this respect—viz., there appears to be a central depot where the poor may go for medical advice from 8 o'clock in the morning till 3 P. M. Thus all patients laboring under diseases of the *eye and ear*, are treated by Drs. Wallace and Blakeman—gentlemen of high professional standing in that particular department of surgery. In diseases of the *heart and lungs*, Drs. Cammann and Borrowe; *head and bowels*, Drs. Elder and Steele; *skin*, Dr. Gunn; *women and children*, Dr. Earle; *dentistry*, Dr. Baldwin—and all diseases contemplated in surgery, not classified, fall to the care of Dr. Cairns. This is not all; a house physician, with an assistant, has charge of those requiring medical attendance at their dwellings. This admirably-conducted dispensary appears to be entirely supported by the generous liberality of the citizens. The idea of setting apart a physician for a particular malady, strikes us very favorably, as it pre-supposes a thorough knowledge of the disease, or rather, that a thorough knowledge of it will be acquired. Such was the Egyptian method of practising medicine, says Herodotus—one man prescribed for the ear, another for the eye, and another for the teeth. Such is manifestly the tendency in our times, in the great cities, and it is the only way of becoming eminently qualified for rendering the best professional services—to learn to do one thing as well as it can be done.

Dr. Hull's Utero-abdominal Supporter.—We are gratified to notice that this instrument has received the sanction of very many medical men in Europe as well as in America; and from its undeniable success, has proved itself a truly valuable surgical expedient in cases for which it is so well contrived. Having repeatedly called the attention of physicians to this subject, it seems almost unnecessary to urge it further upon their consideration.

Medical Institution of Yale College.—The committee to examine candidates for medical degrees and licenses, convened in the Medical Institution of Yale College, on Wednesday, February 27, and continued in session until March 1. Present, on the part of the Connecticut Medical Society, Dr. SILAS FULLER, President of the Society, and Drs. Thomas Miner, Luther Ticknor, Dyar T. Brainard and Earl Swift, and, on the part of the College, the six medical professors.

The following gentlemen, being found duly qualified on examination, were admitted to the Degree of Doctor in Medicine, by the President of the College, viz.:

Ebenezer Bingham Allen, Lisbon; Shubael Fitch Bartlett, East Windsor; Horatio Bryant, New Haven; Elijah Wells Clark, Wethersfield; Henry Gassett Davis, Worcester, Mass.; Joseph Durfey, Groton; Asa Witter Fuller, Lisbon; Otis Deming Goodrich, New Haven; James Lawrence Hall, Litchfield; Allyn Merriam Hungerford, Watertown; De Witt Clinton Jayne, Florida, N. Y.; Joao Francisco Lima, Maraham, Brazil, S. A.; Sidney Haskell Lyman, Warren; Augustus Mitchell, Portland, Me.; Nathan Strong Perry, Sharon; Benjamin Franklin Smith, Waterford; and William Wickham Welch, Norfolk.

The following, being found qualified for Licenses to practise physic and surgery, received diplomas from the President of the Connecticut Medical Society, viz.:

Josias Byles, Griswold; and Ebenezer Clark Smith, Washington.

An able and interesting address to the candidates was delivered, on the day previous to the examination, in presence of a large audience, by Thomas Miner, M.D., a member of the board of examination, and late President of the Connecticut Medical Society.

A Physiological Phenomenon, or the Snake Man; Robert H. Copeland.—This most singular being, perhaps, has not a parallel in medical history. He is now about 29 years old, of ordinary stature and intellect. His deformities and physical peculiarities are owing to a fright his mother received from a large rattle snake attempting to bite her, about the sixth month of pregnancy. For several minutes, after the snake struck at her, she believed herself bitten just above the ankle; and so powerfully was her mind affected, that, when she was delivered, the child's will was found to have no control over his right arm and right leg, which are smaller than his left extremities. He can use his right leg now sufficiently to walk in a hobbling manner, but cannot retain it stationary without the aid of the weight of his body. His right hand has the usual number of fingers, but they are smaller than those of his left hand. The wrist-joint is looser than usual, and his hand stands at an angle with his arm. His front teeth are somewhat pointed, and incline backward, like the fangs of a snake. The right side of his face is sensibly affected; his mouth is drawn considerably farther on the left side; his right eye squints, has several deep grooves radiated from it, and has a very singular appearance, much resembling a snake. But perhaps the most extraordinary circumstance on record is, that his right arm, when not restrained, will draw the lower part to about a right angle with the upper, and sometimes two or three, but most commonly only the fore finger, will project, curved at the first joint, much resembling a snake's head and neck, when in the attitude of striking; and the whole arm will strike at an object with all the venom of a snake, and precisely in the same manner, for two or three and sometimes for four or five strokes, and then the arm assumes a vibratory motion, will coil up and apply itself close against his body. During this period his right foot and leg become excited, and if not restrained, will strike also. His face is also excited; the angle of his mouth is drawn backward, and his eye snaps more or less, in unison with the strokes of his hand, whilst his lips are always separated, exposing his teeth, which, being somewhat pointed like the fangs of a snake, causes his whole visage to assume a peculiar and snaky aspect. During infancy and childhood, the whole shape of the snake, even to its fangs, was printed on the anterior of his leg; but as he grew up it became gradually obliterated, till now there is only a small depression where the snake's head was imprinted. The sight of a snake fills him with horror, and an instinctive feeling of revenge; and he is more excitable during the season of snakes; and even conversation concerning them excites him, and his arm appears more anxious to strike than when no such conversation is going on. All the above phenomena are perfectly independent of his will, as hundreds can testify who were acquainted with him long before he had any idea of exhibiting himself publicly. This singlar being was born in Carolina, and moved to Georgia in the year 1829, where he has since remained, performing such labor as he could with one hand, and by unremitting exertions has maintained his wife and an increasing family. His physical peculiarities being considered only in the light of a common deformity, he never thought of exhibiting himself publicly, till it was suggested to him by a medical friend in 1837.—*Southern Med. and Surg. Jour.*.

The names of eight physicians and others are attached to the above account, certifying that it is substantially true.

Medical Miscellany.—Dr. Miner's address to the candidates for degrees and licenses in the Medical Institution of Yale College, just published, should be read by every pupil in the country—it contains good advice in a compact form—the contemplations of a sage, with the wisdom of a Christian philosopher.—There were 146 interments in New York, last week—men, 41; women, 29; boys, 44; girls 32.—No. 12, of a new Thomsonian Journal, called the *Lobelia Advocate*, has appeared at Baltimore. At the present rate of multiplication, the believers in the Thomsonian farce of physic will have a paper a-piece.—The treasurer of the Eye and Ear Infirmary, in Boston, acknowledges a donation of one hundred dollars from the Hon. Daniel Waldo, of Worcester, Mass.—Dr. Eleazer Balfour has been appointed Surgeon of the Marine Hospital, at Baltimore, in place of Dr. Robert Stark, deceased.—The deaths in Cincinnati, in 1838, were 1356—more than one half being children under five years of age.

To Correspondents.—The dissertation on Anæmia, and the papers of Drs. Reynolds and Palmer, are on file for publication.

Whole number of deaths in Boston for the week ending March 16, 37. Males, 18—females, 19.

Of consumption, 6—inflammation of the lungs, 1—scrofula, 1—croup. 2—convulsions, 2—dropsy on the brain, 2—scarlet fever, 4—cramp in the stomach, 1—old age, 1—inflammation of the brain, 1—lung fever, 1—chronic diarrhœa, 1—fits, 1—canker in the throat, 1—drowned, 1—intemperance, 1—disease of the brain, 1—marasmus, 1—child-bed, 1—palsy, 1—canker rash, 1—paralytic, 1—atillborn, 1.

OUTLINES OF THE INSTITUTES OF MEDICINE,

Founded on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his inferences, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage.

"*New York*, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston. M 20.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

SCHOOL FOR MEDICAL INSTRUCTION.

The Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - Dr. Bigelow.
On Anatomy and Surgery, by - - - - - - - - - - Dr. Reynolds.
On Midwifery and Chemistry, by - - - - - - - - - Dr. Storer.
On Physiology and Pathology, by - - - - - - - - - Dr. Holmes.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.

Aug 22—ep3m

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

SITUATION.

A young physician, in a town about 18 miles from Worcester, wishes to sell from two to three hundred dollars worth of personal property, consisting of a horse, gig, medicine, &c.; and emigrate. Town contains about 2000 inhabitants—two religious societies, and good schools through the year. A letter to the editor of the Journal, post-paid, will direct to the town and physician, of whom the conditions and any particulars may be obtained. M 6—4teop.

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THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, March 27, 1839. No. 7.

A DISSERTATION ON ANÆMIA.

BY A PHYSICIAN OF RHODE ISLAND.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Several times, in the course of the last year, I have seen an inquiry in your Journal for some information respecting that disease which was proposed by the Fiske Fund Trustees for a prize essay, and which we have denominated *Anæmia;* but as nothing has transpired or has been published in the Journal on the subject, it is presumed that nothing worthy of a prize medal or of publication, has been written on the disease. Therefore, if you think the following hastily written essay worthy of a place in your Journal, you are at liberty to publish it.

Respectfully, &c. F.

"*What are the causes and nature of that disorder, often incident to puerperal women, characterized by inflammation and ulceration of the mucous membranes of the mouth and fauces, anorexia, emaciation and diarrhœa, and which frequently terminates fatally; and what is the best mode of treatment to be employed therein?*"

This disease is the *Dyspepsia Anæmia* of Dr. Young, the *Marasmus Anæmia* of Dr. Good, and is placed by the latter in his third Class, Diseases of the Sanguineous Functions, 4th Order, Cachexies.

Either of these names is appropriate to the disease, inasmuch as each of them embraces two of the attending symptoms; but dyspepsia being one of the first and most prominent symptoms, some physicians will prefer the name given to the disease by Dr. Young.

Anæmia is the opposite of plethora, and may be defined, "A deficiency of blood in the whole body, not proceeding from natural or artificial hæmorrhage, giving rise to a waxy, bloodless state of the countenance and surface, emaciation, feeble quick pulse, and great languor and debility." Bloodlessness is a rare disease in the interior of the country, among the laborious peasantry, who are almost all the day in the open air. Puerperal women, likewise, beyond the influence of the sea air, are rarely afflicted with it; but yet, it is sometimes observed in connection with chlorosis, and in its local forms, throughout the whole country. But in the following observations we shall treat of general anæmia only.

The blood circulating through the system may be deficient in its quality or quantity, and in a due proportion of red globules. In many cases where the blood is deficient in quantity, the red particles are still more remarkably diminished, being insufficient to give the blood its usual scarlet color. General anæmia sometimes appears as a primary disease, but is often symptomatic of some pressure or lesion of the vessels which convey the chyle or nutritious fluids into the blood ; or it may originate in a morbid action of those organs which are concerned in the processes of sanguification, which last is perhaps the most common cause in puerperal women.

The dyspeptic symptoms often attending a state of gestation are so much increased in some individuals, and the stomach becomes so irritable, that almost all the food which is taken is soon afterwards rejected ; hence this is one of the sources of want of nourishment and a deficiency of blood. Another source of deficient nourishment may be sought for in a want of vital power, and a debility or a depressed state of the digestive organs themselves, or the nerves with which they are supplied, a torpid state of the organic class of nerves being frequently antecedent to this particular state of digestion, assimilation, and sanguification. The influence of the sun's rays upon both vegetables and animals, is well known. The gardener etoilates his cellery by covering it from the light of the sun. This proves that the circulating process in vegetables cannot be duly performed without exposure to both light and air ; and it is extremely probable that when a person is excluded from the light of the sun, and confined to a damp malarious situation, constantly breathing an unwholesome air, the organic class of nerves are deprived of their accustomed salutary stimuli, and no longer properly assist the chylification and sanguifying process. The genial influence of the sun promotes all the vital actions, especially those of organic life—the aged feel the influence of its beams, and the young are stimulated to new vigor—and the hybernating animals awake from their long wintry sleep. But persons confined in deep mines, entirely excluded from the sun's rays, and constantly respiring the confined, unwholesome air usually present in such locations, are very subject to anæmia.

In the 9th vol. of the " *Journal de Médecine*," by Professor Halle, of Paris, mention is made, by M. Chomel, of the workmen employed in a coal mine, at Aurain, being nearly all affected with the disease. " It commenced with violent colicky pains in the stomach and bowels, palpitations, dyspnœa, diminution of strength, distention of the abdomen, flatulence, blackish green stools, followed in the course of ten or twelve days with a waxy, bombycinous, bloodless appearance of the countenance ; walking was accompanied with great fatigue, and performed with much difficulty ; the face became swollen, and palpitations of the heart, causing extreme anxiety, succeeded by copious perspiration, took place. These symptoms continued for a year or more, attended with extreme emaciation. At length a recurrence of the original symptoms took place, with violent headache, intolerance of light and sound, and frequent syncope, pain and distention of the bowels and purulent stools, when death soon closed the scene." " Out of fifty who had the disease, none were perfectly cured, and three died. In a post-mortem examination of one of them, all the large bloodvessels were found nearly empty, containing only a small quantity of light-colored serum, without any mixture of red globules. The liver was small, and did not project beyond the ribs; it was soft and pliable in every part, was of a pale-yellow color, both externally and in its substance, which was soft and unctuous to the touch. The gall-bladder was half full of bile, of the color of the yolk of an egg; and when analyzed was found to contain much coagulable albumen. The spleen was small and softer than ordinary; and the liquor which flowed from it, as it generally is, was red like the dregs of red wine." "The stomach, when opened, was found half full of a liquor resembling the dregs of wine. The duodenum and jejunum were lined with a mucus of a similar color; and when the mucus was removed, the membrane, both in the stomach and intestines, in all their extent, appeared white and sound." Surely the above cannot be the condition of the bowels in those cases attended with a dysentery or purulent dejections.

According to our experience and observations, general anæmia does not take place unless preceded by a morbid condition of some of the organs concerned in the process of chylification, and the formation of the blood. When the functions of the liver, spleen or pancreas, are in part or wholly suspended, the digestive powers of the stomach are enfeebled, and anæmia, more or less severe, follows.

Chlorosis may be regarded as the mildest form of the general disease; and if we take into consideration the attending symptoms, we shall most certainly arrive at the conclusion, "that all the organic functions, those of digestion, assimilation, sanguification, nutrition, and generation, are inadequately performed.

Many physiologists suppose that the lungs, in addition to their office of converting venous into arterial blood, exert an assimilating influence upon the absorbed chyle and lymph which the venous blood contains. Perhaps this opinion is correct. But yet the process must be considered a vital one, caused by the direct influence of the nervous system upon the blood. "Professor Myers found that when both pneumogastric nerves were tied, the blood coagulated in all the pulmonary vessels, the coloring matter being separated from the fibrine; and that this change was not the consequence of death, but its antecedent, since it was uniformly found upon opening the bodies the moment they expired. M. Dupuytren had previously ascertained, that a simple division of the pneumogastric nerves prevented the venous from being converted into arterial blood in the lungs. M. Dupuy found that when the pneumogastric nerves were divided in the cervical region, in horses, the quantity of fibrine in the blood became progressively diminished to a very remarkable extent; and that a similar result followed laborious breathing in diseases, and that the blood throughout the animal was entirely dissolved after the pneumogastric nerves had been divided. A severe blow over the cocliac ganglion will produce instant death, and the blood will remain dissolved, and exhibit the same appearances as after death by lightning and the most violent poisons. These remarkable changes can only be effected by the organic or ganglial class of nerves, by the central source of vital power upon the vascular system, and by the effect thereby produced upon the blood."—*Copland's Med. Dict., p.* 193–4.

But though the blood may become purified, and receive an additional principle in its circulation through the lungs, yet in our opinion other organs are as much or more concerned in the process of sanguification.

"It is the opinion of some writers, that the bile is poured out into the duodenum, that it may be blended with the chyme, and by producing chemical changes in it, convert it into chyle. In order to arrive at some satisfactory conclusion on this point, Sir Benjamin Brodie applied a ligature round the choledochus ductus of an animal, so as completely to prevent the bile entering the intestine, and then noted the effects produced on digestion of the food which the animal had swallowed, either immediately before or immediately after the operation. The experiment was repeated several times, and the results were uniform. When an animal swallows solid food, the first change which it undergoes is that of solution in the stomach. In this state of solution it is denominated chyme. The appearance of the chyme varies according to the nature of the food. For instance, in the stomach of a cat the lean and muscular part of animal food is converted into a brown fluid of the consistence of thin cream; whilst milk is first separated into its two constituent parts of coagulum and whey, the former of which is afterwards re-dissolved, and the whole converted into a fluid substance, with very minute portions of albumen floating in it. Under ordinary circumstances, the chyme, as soon as it enters the duodenum, assumes the character of *chyle*. The latter is seen mixed with excrementitious matter in the intestines, and in its pure state ascending the lacteal vessels. Nothing like chyle is ever found in the stomach; and Dr. Prout, whose attention has been much directed to the chemical examination of these fluids, has ascertained that albumen, which is the principal component of chyle, is never to be discovered higher than the pylorus. Now in my experiments, which were made chiefly on young cats, where the ligature had been so applied as to obstruct the choledochus ductus, the first of these processes, namely, the production of chyme in the stomach, took place as usual; but the second, namely, the conversion of chyme into chyle, was invariably and completely interrupted. Not the smallest trace of chyle was perceptible either in the intestines or lacteals. The former contained a semifluid substance, resembling the chyme found in the stomach, with this difference, however, that it became of a thicker consistence in proportion as it was at a greater distance from the stomach; and that, as it approached the termination of the ileum in the cœcum, the fluid part of it had altogether disappeared, and there remained only a solid substance, differing in its appearance from ordinary fæces. The lacteals contained a transparent fluid, which I suppose consisted partly of lymph, and partly of the more fluid parts of the chyme which had become absorbed."—*Journal of the Sciences and the Arts, No.* 28.

From the above experiments it is apparent that chylification depends upon a healthy secretion of the liver, and hence one cause of deficient nourishment arises from a morbid or a deficient secretion of the biliary organs. The fact has also been sufficiently established that the liver assists the lungs in freeing the blood from the carbon which it has imbibed in the course of the circulation through the system.

The spleen is considered by most writers subservient in its functions to those of the liver. "Hewson believed it to be destined to the elaboration of the globules of the blood. Tiedemann and Gmelin are of opinion that it is intimately connected with the absorbent system, and that it assists the process of sanguification." "The blood of dogs deprived of the spleen is found to run speedily into putrefaction. Hence Schmidt considers that the spleen is concerned in the preparation and assimilation of the elements of the blood. Professors Tiedemann and Gmelin maintain that the spleen secretes a reddish coagulating lymph from the arterial blood, which secretion is conveyed by the absorbents to the thoracic duct, where it mixes with the chyle and renders it similar to the blood. This inference they think is proved by the chyle assuming a red color in the ductus thoracicus, and that when this coagulable lymph was prevented from reaching the duct, this change did not take place. Hence they argue that the gradual change of chyle into blood is the consequence of passing through the mesenteric glands, and of the admixture of the reddish coagulable lymph supplied by the absorbents of the spleen."—*Richerand's Physiology, Note N.*

"M. Fallot observes, that it is certainly known to every experienced physician, that when the spleen has been diseased for any length of time, a dyscrasis of the circulating fluids is almost invariably induced."

We add Dr. Johnson's comment upon M. Fallot's paper. "It is not quite easy to determine whether the dyscrasis of the circulating fluids is owing to the morbid state of the spleen, or whether the converse of the proposition be true. However this may be, the constitutional symptoms usually associated with chronic enlargement of the spleen are these—general debility, paleness and deficiency of red blood in the capillaries; the conjunctivæ are pale and bloodless, scleroticæ are of a pearly-blue color, and the complexion is waxy as in chlorosis. If the disease has existed for any length of time, the extremities are apt to be cold, and the skin is pale and dry, shrivelled, and often furfuraceous. Adults do not suffer so much from enlargement as children do. In young subjects it is very apt to induce an incurable marasmus; whereas we not infrequently observe that, with adults, it may exist for a length of time without being attended with serious disturbance of the constitution. Does not this difference seem to indicate that this viscus is probably more or less directly connected with the formation of the blood?

"Patients affected with vascular engorgements of the spleen are very prone to foul sloughing ulcers, from slight wounds or bruises; and all restorative processes are observed to be very tardily and imperfectly performed. The blood of such patients is always more or less unhealthy; sometimes it coagulates only imperfectly, and no serum is separated; in other cases the cruor is black, soft, and does not assume a florid hue on the surface from the contact of the air. In short, not a few of the attributes or symptoms of genuine scorbutis are found in many cases of enlarged spleen. There is a tendency to hæmorrhage from slight wounds or ulcers; punctures and abrasions of the skin are apt to ulcerate; the gums become gangrenous and the teeth fall out, and the alveoli become carious. Hæmoptysis and hæmatemesis are not infrequent occurrences. The functions of the stomach and bowels, too, are almost always disturbed ; the food being not properly digested or assimilated, and the alvine evacuations irregular and unhealthy. In the advanced stage of the disease, dysentery or some form of dropsy usually supervenes."—*Johnson's Review, Vol.* 30, *p.* 535.

The foregoing observations respecting the office of the lungs, liver, spleen, pneumogastric and organic nerves, in the process of sanguification, are deemed important in order to establish a correct pathology of this obscure disease, that will lead to a judicious and successful treatment. The first link in the chain of morbid action in anæmia, as we think, commences in an organic disorder, or in a functional derangement, of one or of all these organs. That the functions of the liver are deranged, is proved by the appearance of the vitiated bile in the dejections; and generally on inspecting the region of the spleen, that organ will be found enlarged at the commencement of the disease. The functions of the stomach are always more or less deranged ; but whether it precedes or follows the morbid condition of the other organs, yet remains to be determined.

Symptoms.—In the foregoing remarks nearly all the symptoms of anæmia have been noticed, but it may not be improper briefly to enumerate them in this place. Among the first symptoms are a loathing of food ; a costive state of the bowels, or the reverse ; dyspepsia ; acid eructations ; nausea ; flatulence ; borborygma ; small, feeble and irregular pulse, easily excited by emotions of the mind ; the patient is languid, very weak and feeble, and feels a sense of sinking and fainting on assuming the erect posture, which is followed by palpitations. Soon the countenance assumes either a bombycinous, or a pale, waxy, blanched appearance ; the veins of the skin are scarcely seen, and, when emptied by pressure, fill again very slowly. The tongue, lips, and inside of the mouth, are pale, and the conjunctiva is bloodless. The respiration becomes short, oppressed, hurried, sometimes with gasping, irregular convulsive movements, tremors, and swelling of the feet and ankles. In this state the patient may be carried off by convulsions, by syncope, and by suddenly assuming the erect posture, or sink with the symptoms of exhaustion, or effusion of water on the brain, lungs, or into the pericardium. Bloodlessness, or a deficiency of red globules in the blood, and the visceral disorders already mentioned, give rise to various affections, both organic and functional. That anæmia should be complicated with certain chronic affections of the lungs, liver, spleen, pancreas, mesenteric glands, absorbent system, chlorosis, &c., may be anticipated ; and that it should give rise to dropsical effusions, diarrhœa and dysentery, need not surprise us, since there is a diminished tone of the exhalents and absorbents, and a deficiency, or a weak, thin state of the blood, the crasis of which is much reduced, and there is a more rapid circulation of the small quantity remaining in the bloodvessels.

A moderate degree of anæmia will often give rise to various functional derangements, such as palpitations, hysterical and epileptic convulsions, syncope, nervous tremors resembling chorea, nausea and vomiting of an extremely acid and acrid substance, headache, diarrhœa, dysentery, leuco-phlegmatic swellings, doughy countenance, gastralgia, colic pains, weak digestion, vermination, softening of the internal viscera, and rapid emaciation.

But there are other symptoms which, perhaps, are more distressing than any which have been enumerated. We allude to the distressing cardialgia, or burning sensation of the stomach, which perhaps results from the morbid secretions of the liver and pancreas being thrown into the stomach during the retching and vomiting ; inflammation, excoriation, or ulceration of the mucous membrane follows, which gradually extending upwards, fixes upon the mucous membranes of the mouth and fauces, and eventually produces small pimples of the size of mustard seed, on the tip and edges of the tongue, and on the inside of the cheeks and the verge of the curtain. The pimples are attended with a fiery redness of the part, and both the pimples and redness gradually enlarge and spread until the whole mouth and fauces are covered with the inflammation and ulcerated pimples, which increase in violence until sloughing, and such a tenderness and rawness of the mouth ensue, that stimulating drinks or solid food cannot be taken into the mouth without producing great pain and smarting. During the continuance of the sore mouth, there is an incessant flow of saliva, which has an offensive odor, and a putrid, saltish taste. When the mouth becomes very sore, the burning sensation in the stomach is almost entirely removed ; but if repellants are applied to the mouth and fauces, and the ulceration is thereby healed, the stomach is again attacked with the same distressing symptoms as at first.

But sometimes the acrid secretions, acting upon the mucous membranes of the bowels, cause a diarrhœa, or a dysentery of the most intractable kind. Swallowing the saliva during the continuance of the sore mouth will also produce the same distressing affection of the bowels. But whenever one part of the digestive tube is severely affected, other portions, previously implicated, are relieved, and the diseased action often successively passes through every portion of the primæ viæ. These symptoms continuing week after week, gradually undermine the general health, and the countenance becomes sallow and cadaverous. The burning at the stomach is accompanied with acid eructations, and often with a vomiting of acrid phlegm, which, together with the purging, rapidly reduce the strength and emaciate the body. After some time the disease ceases, as if it had worn itself out ; but the favorable symptoms are delusive, for there is not vigor enough in the constitution to heal the ulcerations, and the original cause continuing to act, fresh exacerbations take place, and all the symptoms become much aggravated, and are accompanied with a fearful despondency. The acrid matter makes frequent translations from the mouth to the stomach and bowels, and from them to the mouth again, until at length the patient is reduced to almost a complete skeleton, and under the persevering attacks of the disease, sinks, bloodless and exhausted, to the grave.

This disease, and the symptoms attending it, so much resemble the *chronic thrush*, that *anæmia* has been mistaken for it. Such a mistake, however, might be pardoned, for it is not yet decided whether the anæmia is the effect or the cause of the *aphthæ chronica;* although most writers consider every species of aphthæ symptomatic of some previous disease.

(To be continued.)

SCARLATINA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have been pleased to observe that you have several times, of late, called the attention of the faculty to the subject of scarlet fever. I hope you will continue your calls, until their attention shall be thoroughly aroused. I address you at this time to make two or three inquiries; and I do this for the purpose of directing attention to a point which I fear has not received sufficient attention in this country. Several European writers have noticed the combination to which my inquiries refer, but I am not aware that much observation has been directed to it in this country.

Before propounding my inquiries, I will remark that I have never observed those inconveniences resulting from the use of tartarized antimony, in this disease, which have induced Professor Cross to condemn it in such decided terms. On the other hand I have used it freely, and should my success continue as great as it has hitherto done, I shall certainly continue its use. Seven years ago I attended, in one autumn and winter, seventy-six cases, and only one of them terminated fatally. My treatment consisted chiefly in the free use of calomel, small doses of ant. tart., with occasional emetics of the same, and opiates as they were required. Such small doses of opium as are useful in allaying the irritation of the system, will be sufficient, in most cases, to counteract the tendency of the antimony to run off by the bowels. This fact seems to have been overlooked by the professor.

The inquiries which I wish to propose, are the following. Does cynanche maligna run into c. trachealis? In other words, does the inflammation extend from the tonsils and fauces to the larynx, trachea, and even to the bronchial tubes? If it does, in what proportion of the fatal cases does the inflammation thus extend? Does c. maligna often prove fatal, in the acute stage, without exhibiting decided symptoms of c. trachealis? Does the tendency to this extension of the inflammation depend upon any appreciable circumstance, as the state of the atmosphere, season of the year, local causes, &c.? If it should be decided by observation that the inflammation does frequently extend to the trachea and its branches, and especially that this is true in a large proportion of the fatal cases, will this lead to any modification of the treatment of cynanche maligna?

Should these inquiries turn the attention of observers to this point, and especially should they lead those who have made observations relative to it, to communicate them, my purpose will be answered.

Yours, respectfully,

Gloucester, Mass., March 15th, 1839. Joseph Reynolds.

POISON NOT POISON.

[Communicated for the Boston Medical and Surgical Journal.]

I have been much interested, Mr. Editor, in the controversy about Dr. Holyoke, and especially by the manner in which the subject has been handled by Dr. Peirson. That gentleman has surely acquitted himself nobly, and proved himself a workman in the cause of temperance that "needeth not to be ashamed."

And yet there is one thing in his article in your paper of the 13th, which is rather puzzling. "A man," says the doctor, "may take poison, and not be poisoned." What does he mean? Do you know, Mr. Editor? I can hardly expect Dr. P. to reply; but really, I wish somebody would relieve my mind on the subject.

He cannot, of course, mean to say that a man may take poison and hold it in his hand, a short time, and yet not be poisoned; for every one knows that. Nor can he mean to say that the application of poisonous substances to the cuticle, especially of a part of the body which does not absorb, is uninjurious; for that would be to assert what is also well known. Nor can he mean that to swallow poison enclosed and concealed from the lining membrane of the mouth, œsophagus and stomach, and by means of an emetic, or otherwise, to throw it up again immediately, does not poison; for this is sufficiently obvious. What, then —I repeat the question, for it seems to me an important one—does he mean?

Perhaps you will direct me to Dr. P.'s own remark in the same sentence with the former, as an explanation of his meaning. "The prussic acid," says he, "in a peach leaf or bitter almond may be used to flavor a custard with as little danger as rose water."

Such remarks—assertions, rather, for they are unsupported by facts —do not satisfy me. Can it be seriously believed that prussic acid, in contact with the mucous membrane of the stomach, in the lacteals, in the heart and bloodvessels, in the lungs, and even in the brain itself, in any degree, however small, is as innocent as "rose water?" Dr. P. himself may possibly believe it, but I do not; neither do I think very many of his other readers will. Can he prove what he affirms?

If it can be proved, how? Analogy is against it. Facts are against it. Common sense is against it. Dr. P.'s own concessions are against it. Does he not profess to believe, with Sir Anthony Carlisle, that "most aged persons die of actual disease in organs not worn out by the length of time they have been performing their functions?" Does he not say that "the diseased alterations of every organ must have a cause connected with the exercise of the function of that organ?" Pray, then, what are the causes of diseased organs in old men? I was going to ask, what could have been the cause of the appearance of Dr. Holyoke's stomach, since he did nothing to injure it, unless it were by taking small doses of poison; but the doctor has been harassed on that subject so long, that I forbear. I will only add that I should like exceedingly to understand the proofs of the position that "a man may take poison" into his system "and not be poisoned;" or, in other words, that *poison is not poison.* A.

CAUSES OF DISORDERED STOMACH.

An acquaintance with the *causes* as well as the constitution is not less useful in throwing light upon the nature of disease, and affording indications for its successful treatment; and we are therefore desirous that, in a narrative of cases, they also should be distinctly stated. It is true that they are often difficult of detection, but we have ever found it an excellent rule in practice to take it for granted that an active cause *does* exist, whether we can find it out or not, and consequently never to lose sight of any opportunity of getting at it which a better acquaintance with the patient's condition or private history may afford. It is astonishing how often and how completely we may be misled if we trust implicitly to the statement of the patient, especially in answer to a general question, where a different meaning may be attached to the same words. Thus, when we inquire whether he is aware of any cause for his ailments, he will necessarily answer according to what he believes to be causes, and may confidently, and honestly, and rationally reply in the negative, where, on a little examination, a cause, very palpable to a practitioner, becomes immediately apparent. About a year ago, for example, we were consulted for severe indigestion, by a strong, healthy-looking man, in the prime of life, who declared that he knew no cause whatever for his ailments. On our expressing an opinion that a very powerful cause *must* be in operation to induce such a state in a person of his formation, and catechizing him closely as to his habits, it came out that he was extremely fond of shooting and athletic sports; and that in the highlands, where he chiefly lived, he was in the custom of walking out after a good breakfast, and spending the whole day on the hills, without further support, till he returned nearly exhausted to a six o'clock dinner, to which he sat down famishing, and, after eating almost to oppression, he fell into a deep sleep, from which he awoke disturbed by dreams and flatulence. So far from considering this mode of life as the cause of his indigestion, his wonder was why he, who was so constantly in the open air, and took so much exercise, should nevertheless have an inefficient stomach! In another instance we were lately assured by a lady, to whom we were called in the country, and where we had not an opportunity of seeing the evacuations, that her bowels were in perfectly good order and acted daily; when, on examining the abdomen to remove our scepticism on that point, we found it distended by fæces. On ordering a succession of active purgatives and injections for their removal, the patient remonstrated, and stated that, as she had repeatedly of late taken salts, which operated freely, it would weaken her too much to give her more, and that she could not require them. We of course insisted; and when, to her great surprise and relief, an enormous quantity of solid fæces made its appearance, she then said it was *many weeks* since she had passed a natural evacuation *of that kind;* but that, not knowing that liquid excretions were insufficient, she had answered our questions as she did. In a third instance, of very recent occurrence, we were assured by a gentleman of much good sense that he knew no cause for a continual irritation subsisting in the stomach and bowels, attended by great depression of spirits and sleeplessness, and that all his habits were regular and temperate. It turned out, however, that, feeling much debility, he was eating meat twice a day, by way of keeping up his strength; making a very long fast between breakfast and dinner, on account of business; taking a glass or two of wine after dinner, *to relieve exhaustion*, and a good supper and spirits and water at night, *to promote sleep;* and, to crown all, taking frequent irritating purgatives, *to carry off the offensive matter* which lodged in his bowels and caused the depression! As he had an apparently good reason to assign for each of his practices, and felt immediate relief from his purgative, it never occurred to him that any of them could be looked upon as the real *cause* of his sufferings; and, even when the fact was pointed out to him, he was at first not a little incredulous. The excess of food, the long fast, the supper, the spirits, and the purgatives, were evidently the original causes of the irritation; and, when these were obviated, and the diet for a time restricted to mild farinaceous food, without wine, he began to recover; still, however, occasional relapses arose, chiefly from the abuse of purgatives, which he was unwilling to give up, because, as he said, he *felt* relief from them, and they must therefore do good. Ultimately his eyes were opened to their true effects also, and he got well much sooner than he expected.

We have insisted, at some length, upon the necessity of careful examination into the facts of the case, because it is peculiarly in stomach affections that both patient and practitioner are apt to be deceived, unless the latter satisfies himself by his own observation, and that a right regimen (using that term in its widest sense) can accomplish more than is commonly imagined. If the practitioner contents himself with merely ascertaining what the affection is and prescribing medical treatment for its relief, he leaves the half of his duty undone, and the patient speedily relapses into worse that his former state.

That a constant reference to the habits and constitution of the patient is of real importance in practice, will be still further evident from a survey of the cases above narrated, as having lately occurred to ourselves. Had we implicitly relied on the first patient's assertion, that there was no cause for his indigestion, we might have sent him back to the mountains to remain a sufferer, because he would have returned unsuspectingly to the mode of life which excited the evil. Not aware of the necessity of renewed supplies of nourishment to the system at proper intervals, he made long fasts even while using great bodily exertion; and not aware that bodily fatigue *exhausts the stomach* in common with other organs, he sat down to his evening meal on his return home before the fatigue went off; and, believing that his day's exertions required an ample dinner, he ate almost to repletion; and, overcome by fatigue and the distension of stomach, fell forthwith into a profound sleep, which still further impaired the digestive powers. Here, it is obvious, no permanent cure could be effected without a direct reference to the past history and exciting cause. On various occasions, accordingly, he had come to town for advice; and, by local depletion, moderate diet, and mild laxatives, speedily obtained relief; but invariably on his return to the country, the symptoms recurred, much to his own surprise, as he always understood that country air and exercise were the best cures for indigestion. On explaining to him the errors into which he had fallen, and urging him to adapt his mode of life more closely to the laws of his constitution, he had no difficulty in understanding the causes of his relapses, and promised to avoid them in future. When we last heard of him, he was much better, but not entirely well.

In the third case, again, the patient, who was a man of much good sense, conceived himself acting very properly when he took much nourishing food and wine to relieve the sense of debility; spirits and water to procure sleep; and constant purgatives, to relieve the depression and carry off offensive matter. From all of these practices he felt *immediate* relief; and thence, naturally inferring that they were beneficial, he had no hesitation in declaring that he knew no cause whatever for his ailments; and yet, to any one who was acquainted with the human functions, it was manifest that he was taking twice the quantity of nourishment which his weakened stomach could digest or his sedentary mode of life require; that the wine merely relieved the oppression caused by the undigested food, and that the supper and spirituous drinks merely gave him rest by nightly inducing a state of oppression akin to apoplexy. In his former treatment most of these things were overlooked; and hence, after having been twice relieved by physicians under whose care he placed himself at a distance, he also relapsed on his return. But when his reason became convinced, he changed his whole system of living, and with the best results; for, when we saw him lately, he presented a healthy clearness of countenance and alacrity of mind to which he had been long a stranger.—*British and Foreign Med. Review.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 27, 1839.

IMPAIRED VOICE, IN CLERGYMEN.

Within less than twenty years a new disease has been developed in this country, which is almost exclusively confined to parish ministers. It is a loss of tone in the vocal organs, attended by a sense of fatigue in the muscular apparatus of the throat, and accompanied by a peculiar dryness and rigidity, apparently, of the lining membrane of the larynx. All these circumstances concur to destroy the original character of the voice, and finally incapacitate very many excellent men from discharging their pastoral duties. A multitude of divines are actually more or less affected with this malady of the throat, at this moment, and very many have been absolutely obliged to ask dismission from their people, in consequence of a total inability to read their discourses in public, or conduct the ordinary services of the desk. Many have placed themselves under medical care, with an expectation that rest, together with the administration of a gentle course of tonic remedies, would eventually overcome the difficulty, and enable the vocal cords to vibrate with their original energy. In other words, the sufferer has generally supposed that the original sonorous intensity and power of articulation, which by some unexplained combination of causes has been partially destroyed, might be restored by the operation of external or internal applications. But the success in treatment has by no means answered the expectations of those who prescribe, or those who take the intended remedies. The disease, instead of diminishing, though neither infectious or contagious, increases in a ratio corresponding with the multiplication of the clergy. What can be the cause ? Let it be premised that the clergy of olden times, both in and out of New England, performed quite as much clerical service as those of modern times—and yet their vocal organs were the last to fail.

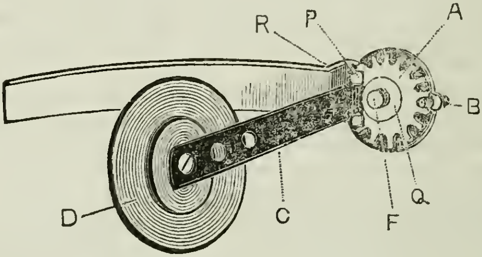
A few evenings since, in the course of conversation with Dr. Mauran, a distinguished physician of Providence, R. I., this topic was under discussion, and he remarked that he could not ascertain, either in his own circle of acquaintance, or by inquiry among professional gentlemen residing in different sections of the country, that those clergymen who used tobacco, had ever suffered from the *minister's ail*, with one single exception. The inference, therefore, was, that smoking or chewing kept up a secretion in the neighborhood of the glottis, favorable to the good condition and healthy action of the vocal box.

Since the great temperance reformation commenced, tobacco has been anathematized, and it is now extremely rare to find any of the new comers into the ministry, who would tolerate tobacco ; and all who are distinguished for their devotion to the great moral revolution which is going on, abandoned tobacco, if they had ever been addicted to its use. Now it is almost susceptible of positive demonstration that the clergy of olden times smoked and chewed very universally. The lawyers speak hours together, and when leisure permits, many of them smoke ; and, as a general rule, the leading advocates are very great smokers—and yet, who ever heard of a lawyer who had lost his voice ?

Medical Testimony.—The City of Boston having applied to the General Court, now in session, for certain powers, in relation to the introduction of water from the country, the petition was referred to a joint committee of the Senate and House. Several meetings have been held in the Senate Chamber, and the Mayor, in behalf of the Corporation, on the one hand, and the remonstrants on the other, have brought forward a multitude of medical testimony, both for and against the necessity of entering upon this great, and, we fully believe, desirable undertaking. Thus far, the weight of medical evidence seems to preponderate in favor of the water from abroad. Though no positive cases of disease were adduced as having been developed by the habitual use of native water—notwithstanding its proverbially bad reputation with all strangers, and even amongst ourselves —the physicians seem to concur in the opinion that the public health would be promoted by a plentiful supply of pure soft water—come from where it may.

Medical Citation.—By turning to Vol. XIV., No. 18, of this Journal, the reader will find a report of the trial and expulsion of Dr. John S. Bartlett, now a resident of Marblehead, from the Massachusetts Medical Society. Dr. Bartlett has appealed, at the expiration of three years, to the Legislature, and asked for a hearing before a committee, that he may show that the Society has violated its charter, which ought, therefore, to be taken away by the power from whence it was derived. It is quite difficult to state the present position of things, not thinking it worth while to be at the trouble of taking notes at the examination ; but the presumption is, that, like the boundary war, this proceeding will not seriously injure any one who has the honor of a fellowship in this venerable association. If, in the course of human events, the Legislature should lend an attentive ear to the accusations brought against the entire body of physicians in the Commonwealth of Massachusetts, for excluding a member from their fellowship whom they considered unworthy of their professional regard, then some minutiæ may be expected.

Dr. Fletcher's Truss.—The cut below represents the moveable parts of this ingenious instrument more perfectly than any previous one, being a view of the inner side.



A, refers to the rotary wheel, showing the cogs and manner of attaching the pad. B, the screw by which the pad is permanently located at any point. C, a short piece of steel connecting the pad to the rotary wheel. D, the pad, which is represented as turned back to exhibit the other parts more distinctly, is circular in form, convex on its inner surface, is made large or small, hard or soft, thick or thin, as individual cases require. F, the screw by which the pressure is increased upon the pad. P, two posts on the rotary wheel, by means of which the pad and rotary wheel are connected. Q, the post on the inner side of the main piece, and on which the rotary wheel is riveted. R, a bend in the main piece, allowing the fan of the rotary wheel to be on a level with the inner surface of the main piece, which, when covered, presents a smooth surface.

It gives us much satisfaction to learn that this invention meets the approbation of the most distinguished surgeons in New England, without at all lessening the claims of those who are already in the market, as benevolent competitors for professional as well as general public approbation.

A Cure for Warts.—Dr. Lewis, the vigilant and scientific physician of the House of Correction, at South Boston, informs us that a boy was sent to the institution, whose hands were completely studded over with large, rough, ragged warts—amounting to an actual deformity. He was set to sorting brass trunk nails, as they came in sheets from the mould—and at the expiration of a month, both hands were wholly and perfectly freed from the unsightly excrescences, and the skin was left smooth and in good condition. Query—what dispersed the warts ? The opinion of correspondents is solicited.

New York Hospital.—For the convenience of medical strangers, visiting the city of New York, who might be desirous of examining the hospital, the names of the medical officers, for the ensuing year, are here published. *Consulting Physician*, Thomas Cock, M.D.; *Attending Physicians*, F. U. Johnson, J. M. Smith, J. B. Beck and J. Macdonald, M.D.'s; *House Physician*, W. H. Maxwell, M.D.; *Consulting Surgeon*, V. Mott, M.D. (in Europe); *Attending Surgeons*, A. H. Stevens, J. C. Cheesman, J. K. Rodgers, A. C. Post, R. K. Hoffman and G. Buck, M.D.'s; *House Surgeons*, J. S. Heard and J. B. Gould, M.D.'s; *Librarian*, J. L. Vandervoort.

Medical Miscellany.—Eighty-four young gentlemen, of the Jefferson Medical School, Philadelphia, received the degree of M.D. on the 15th of March.—An extra meeting of the Council of the Massachusetts Medical Society was held at the Athenæum, on Monday, the 18th inst.—There will be an adjourned meeting of the same body April 3d, at 11, A.M.—Dr. Robert Capen, an industrious and persevering man, of Hingham, Mass., is preparing a work on natural and medical history, which may possibly extend to three or four volumes, octavo, in which case it will not be ready for the press for more than a year to come.—Dr. Thos. King, of Ray, Missouri, is about publishing, in connection with another gentleman, a history of the Mormons.—The varioloid has subsided at Pottsville, Penn., after having had possession of the town a long time.—The expenses of the Bloomingdale Asylum for the year 1838, amounted to $38,676 10. The expenditures of the New York Hospital for the last year, were $34,124 85—and its income was precisely the same—$12,500 00 being a State annuity, and $15,857 85 for board of seamen.—At the Drifford Lunatic Asylum, England, which is limited to twelve patients, and is under the charge of Mr. George Bodington, the number of cures effected has been at the rate of 70 per cent. At the Gloucester county Asylum, 50 per cent. recovered; at Hanwell, 19; and at Stafford, 46 per cent. The mean duration of the treatment at the Drifford Asylum, was 21 weeks, 5 days; at Gloucester, 1 3-4 years; at Hanwell, 4 years; at Stafford, 1½ years.—The editor of the London Lancet has recently published a large number of statistical facts, collected from various sources, to show that the protective power of vaccination is influenced by the lapse of time since the introduction of the vaccine virus into the system of the individual. The documents he has collected are voluminous, and, so far as they can be depended on, it would appear to be a settled fact, that not only the susceptibility to smallpox in vaccinated persons increases with the increase of time since vaccination, but also the gravity and danger of the disease.—During the last year, 10,085 persons have been supplied with medicines and faithfully attended to gratuitously, by the New York Dispensary, either at the Dispensary, or at their own houses. This great amount of good was accomplished at an expense of only $2922.—A poor woman at Haymoor, England, was lately delivered of a child of the following admeasurement and weight. The long diameter, from the occiput to the root of the nose, 7 1-4 inches; the occipito-mental, 8½ inches; from the parietal protuberances, 5 inches; the circumference of the skull, 15 1-4 inches; the circumference of the thorax over the xyphoid cartilage, 14½ inches; the breadth of the shoulders, 7 1-4 inches; the extreme length, 24 inches. The weight, *seventeen pounds, twelve ounces.*

Whole number of deaths in Boston for the week ending March 23, 29. Males, 14—females, 15.

Of consumption, 6—scarlet fever, 5—old age, 1—convulsions, 1—dropsy, 1—lung fever, 2—hæmorrhage, 1—inflammation of the lungs, 1—dropsy on the brain, 1—stoppage in the bowels, 1—hooping cough, 2—erysipelas, 1—typhous fever, 1—suicide, 1—disease of the spine, 1—palsy, 1—stillborn, 2.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess D'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafield, Professor Francis U. Johnston, President County Medical Society; Laurens Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,
Office 4 Vesey Street, Astor House, New York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $10. Feb. 13—6m

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BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply WILLIAM BROWN.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 *Belknap Street, Boston.* Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren. Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

TO PHYSICIANS.

A physician wishing a stand, where he may command a large business, may hear of one by application to the editor of the Medical Journal; if by letter, post paid. M. 27—tf

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, April 17, 1839. No. 10.

SARATOGA WATERS.—NO. II.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—The subject to which I wish to call the attention of your readers on the present occasion, is the MEDICINAL CHARACTER of the waters of Saratoga Springs.

By many practitioners these are considered as nothing more nor less than an agreeable and generous laxative, and beneficial in cases of constipation, bilious derangements, dyspepsia, &c. But that there are other qualities that simultaneously co-operate with the aperient effect of the remedy, and are inseparably connected with it, is established beyond all doubt, and should be known by our profession generally, who are in the habit of sending patients to this village.

There are two methods of testing the nature of an agent that is to be introduced into the materia medica; viz., by carefully watching and recording the *therapeutical effects* of the article by the bedside, and by *chemical analysis*. The latter criterion is good as far as it goes. If sulphur be the only or principal ingredient in a mineral spring, we can bring analogy to decide, *à priori*, what must be the tendency and effects of the water. The same is true of a specimen that is principally saline, or principally chalybeate. We can feel, too, a considerable degree of confidence when two or more constituents are found in combination, provided we are acquainted with the modus operandi of these substances when administered by themselves. But every medical man knows there are limits to this mode of reasoning. How often has the practitioner been surprised at the augmented, diminished, or less irritating effects of some off-hand combination, that would be wholly unlooked for by estimating the separate agency of each article.

So of mineral waters. Chemical analysis can soon decide the exact medicinal nature of a new spring, independently of clinical observation. There are three reasons for this. 1st. Many medicines, such as oxyd of iron, carbonate of iron, pulverized cinchona, calomel, the extracts, the gum-resins when given in pills, capsicum, ginger, &c. pass through the alimentary passages with very little diminution from absorption. Mineral waters, on the contrary, as may be inferred from Dr. Beaumont's experiments, are introduced into the mass of blood by the absorbents of the stomach, without any previous deposition or digestion, and thus these mineral agents, which, in their minute proportions, would be very inert in a state of powder, are admitted to the inner coat of all the bloodvessels, and to the minutest branches of the secretory apparatus. How widely different these two modes of operation must be, all can readily understand. 2d. Chemical analysis cannot appreciate the mutual or qualifying effects of the ingredients on each other, as above stated. 3d. In the language of Dr. James Johnson, of London (Economy of Health, p. 224), "Mineral waters contain, in all probability, many agents which we cannot imitate by artificial combinations. This is proved by every day's observation. Thus, the saline, aperient, mineral waters, will produce ten times more effect than the identical materials artificially dissolved and mixed. The same is true with respect to the chalybeate springs. A grain of iron in them is more tonic than twenty grains exhibited according to the pharmacopœia." At page 215—"It does not follow, however, that waters contain no active materials, because chemistry is unable to detect them. Powerful agents may be diffused in waters which are incapable of analysis, or destructible by the process employed for that purpose. The only sure test is EXPERIENCE of their effect on the human body."

With these qualifying remarks on the proper estimate to be put on chemical analysis, I proceed to lay before your readers the composition of some of our principal springs; and, 1st, the *Old Congress Spring*, which is in the south part of the village, just east of Broadway. In our wine gallon, or 231 cubic inches, there are of—

Chloride of sodium (table salt), 385 grains,
Hydriodate of soda, 3.5,
Bicarbonate of soda, 8.982,
Bicarbonate of magnesia, 95.788,
Carbonate of lime, 98.098,
Carbonate of iron, 5.075,
Silex, 1.5,
Hydrobromate of potass, a trace,
Solid contents, 597.963 grains,
Carbonic acid gas, 311 inches,
Atmospheric air, 7,
Gaseous contents, 318 cubic inches.

The analysis of *Putnam's New Congress Spring*, some 40 rods north of the old Congress, and on the east of Broadway, has never, to my knowledge, been completed. It is a finely flavored water, and has many properties similar to those of the Old Congress. This spring alone would do much towards continuing the present immense resort to this village.

Besides these, there is a spring on the premises of Judge Walton, in the north part of the village, which has lately been newly dug and newly curbed, by which processes the fresh water has been effectually shut off from the mineral, and it is now considered both by villagers and strangers as a new fountain. It is, indeed, a beautiful water. Possessing the general properties of the other springs already mentioned, it seems to have two peculiarities, viz., the abundance and fixedness of its carbonic acid gas, and its containing only 1-4 or 1-5 the amount of iron there is in the Old Congress. Numerous globules of the gas are seen from a distance floating in the water, and every few seconds explosions of very large bubbles occur at the surface. It bids fair to be an excellent article for bottling, and it has fallen into the hands of gentlemen who, I believe, design to give it circulation. The results of an analysis which are now before me, and which was made the past winter in Albany by Professor Emmons, I would insert, but the proprietors will probably have the process repeated before giving it to the public.

This fountain has attracted great notice during the winter, and has been proved by numbers to possess the usual aperient and diuretic qualities of the other springs above mentioned. Its re-construction, it is believed, will add greatly to the medicinal resources and permanent prosperity of the village. I need not stay to particularize the other springs, as the above receive the principal attention from visitants. The chalybeate springs, of which there are several, are more tonic and less aperient than those already described.

The length to which I have extended this paper forbids my enlarging. The above statements would show that these waters are thoroughly aperient, diuretic and deobstruent. They are also decidedly *tonic*. This fact is fully confirmed by clinical observation. The late Dr. Steel, and all who have practised in this vicinity, as far as my knowledge extends, have found the same tonic effects to accompany the use of the waters. And it is remarkable that this is found to be the case with all the mineral waters of Europe that are not simply sulphureous. The Buxton waters in England, which contain only 15 grains of saline matter in a gallon, and 6 inches of gaseous products, have been found, from a record of 14,906 patients, to be highly stimulating and tonic. The bracing effects of the waters have proved a source of constant embarrassment to Dr. Robertson, of the place, and required continual counteraction. The same report comes from numerous other fountains in Europe; and confirms me in the position that the springs of Saratoga are not only diuretic, aperient and deobstruent, but *tonic*. Respectfully yours,

Saratoga Springs, April 3, 1839. M. L. NORTH.

AMERICAN DENTISTRY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In a late number of your valuable Journal my attention was called to a severe attack made upon me by Dr. F., of Boston. The matter contained in it is such as scarce demands a moment's notice, so evident a design is shown on the part of its author to misconstrue and impute to me the worst of motives, in giving publicity to a letter and introducing remarks which seem to have had the magical effect of arousing the gentleman's ire. At first sight I had concluded to give it no further notice than was exacted in patiently reading it, so evident was it that some motive deeper than the Quixotic spirit of acting the champion of what he considers the injured innocence of the American dentists, had instigated him to the unprovoked attack upon a "young foreigner." But as the matter in question has attracted the attention of the numerous and respectable readers of your Journal, from having found a place in its pages, I feel that it is no longer a matter of choice with me, but that my duty to my numerous and respected friends of the medical faculty in this country, demand from me that I should state not only the cause that led to the publishing of the communication from Mr. Nasmyth, to which Dr. F. has taken so many and such ill-founded exceptions, but likewise correct, for their benefit and my own exculpation, the mistakes of Dr. F. relative to my note accompanying the letter in question. And now, first, for the motives which led to its publication.

You will recollect, Mr. Editor, that soon after receiving Mr. Nasmyth's letter, I was reading some parts which I considered of interest to yourself, when you requested it of me for publication. I objected, and gave, as my reasons, that it was not written by the author with the intention of ever being given to the public; at the same time remarking, as a further objection, that it contained matter which was in itself of a private nature. This, you will recollect, was overruled by yourself, as you remarked that you were anxious to give it to your readers, as it contained valuable information regarding the state of dentistry in Europe. I then consented, with the proviso that you would allow me to strike out such parts as I considered objectionable. Accordingly it was soon after published, with the addition of a few explanatory lines by me. I there, unfortunately, gave utterance to that unhappy expression which the vivid imagination of Dr. F. has tortured into a pointed insinuation. If I have been guilty of a most heinous offence in innocently saying that some dentists withhold the most important discoveries from the profession, it consists merely in conveying the correct idea that a man's reasons for his own actions are better known to himself than to others; but I would here utterly disclaim any insinuation, any sinister motive, concealed under the offensive expression which has proved so fertile a subject for invective to Dr. F. Mr. Editor, I have now given you, in a few words, a correct, certainly, if not a satisfactory, explanation of the introductory note that has subjected me to such harsh, and, I must say, ungentlemanly treatment from Dr. F. I will now ask your patience for a few moments while I reply specially to some statements in Dr. F.'s article, which, if not exactly incorrect, vary so widely from actual facts in my possession, that I feel called upon to lay them before your readers, that they may give their decision upon them. For however pleasant and generous an amusement it may be to Dr. F. to malign a young practitioner, or foreigner, if he pleases, I feel it no less a duty on my part to sustain myself, so long as I can do it without resorting to direct vituperation, as the gentleman has done.

May I inquire of the gentleman, if, when he refers to "those regularly bred to the profession," he is to be understood as alluding to those dentists who are members of the Massachusetts Medical Society. If so, the gentleman must be aware that members of this Society are bound to communicate all discoveries or modes of treatment that they may deem new or of importance to the profession. Again, Dr. F. knows, as well, if not better, than myself, that several members of this Society compel their students not only to pay $500 and upwards, but likewise either to give bonds, or their word of honor, not to divulge to or teach others what they consider the *secrets* of the profession, before forcing them to submit to the same terms. Those practitioners who happened to be members of the aforesaid Society before the passage of the by-law which makes it necessary for dentists to become members of the Society to qualify them to practise, may consider themselves as under no obligation to apply the law to themselves ; but surely the gentleman who first proposed the law, and exerted himself to the utmost regarding it, should show us the example by strictly adhering to the laws of the Society of which he would force all others to become members. Dr. F.'s mind seems to admit the truth of this position, when he says, in a semi-apologetic tone, that, although each little improvement in the treatment of diseases of the teeth, &c. is not published in periodicals until it has been fairly tested, still they will all appear in due time, either in this or in another form. What Dr. F. calls due time I do not pretend to know, but I will give the public the same facilities for judgment on these points that I have ; for instance, Dr. F., in a note to a little work which he published *eleven years ago*, stated that he had then lying by him the manuscript of a systematic work, nearly ready for publication, but in order to obtain some European works which are not to be had in this country, and to avail himself of some other advantages for completing the work, its publication had been deferred longer than was first intended. This work, Mr. Editor (which, no doubt, contains all the improvements both in this country and in Europe, in the treatment of the diseases of the teeth, &c.), has, if I mistake not, never yet been given to the world. Again, Dr. F. says, that "they [i. e. those regularly bred] do not choose to spread abroad their modes of practice in the columns of a newspaper, for the convenience of those who are picking up the means of practising dentistry at some rate or other." Although I would condemn, as soon as Dr. F., the mal-practice and quackery which prevail in such a degree in our profession, both in this country and abroad, yet I would ask, if true knowledge in dentistry (without reference to the manner in which it is imparted) would be likely to do more harm, in proportion, than is every day effected by noticing in journals and other publications the most advantageous modes of medical treatment.

I would again advance the fact regarding the late Dr. Hudson, of Philadelphia, and I will call your attention to the written opinions of two eminent American dentists, to corroborate my statement. E. Parmley, in a note to Dentologie, says, "We have cause also to regret that the late Dr. Hudson, of Philadelphia, did not, during his lifetime, embody his professional principles for the benefit of his cotemporaries, and those who shall succeed him in dental operations. I may say, *without fear of contradiction*, that he has left behind him no one in this country so able to instruct, and so well qualified, from observation and experience, to be useful to the student." Dr. Fitch, "author of the most comprehensive work on the teeth ever published in this country," thus expresses himself regarding Dr. H. "Those only who have carefully attended to the subject, can have any adequate idea of the benefit the labors of Dr. Hudson have conferred, not only upon the people of this city, but of every part of the United States. When he commenced his practice here, he found the profession generally at a very low ebb, usually exercised by mechanics. Those great principles which elevate dental surgery from an art to a science, were almost entirely overlooked or unknown. To remove this mass of rubbish, to obliterate bitter and widely extended prejudices, was the task of Dr. Hudson. How well he performed his duty, can only be estimated by a reference to the state of the profession at the time he commenced his practice, and when he was taken from it by the hand of death. Previously to his time, nearly all the talent among the dentists of this country was directed to the making and inserting of artificial teeth. Dr. Hudson taught the possibility and the immense advantage of preserving the living teeth, instead of suffering their loss and resorting to artificial ones. He taught that by strictly attending to the dentition of children, all the irregularities and deformity of the teeth might be prevented, and that by continuing our attentions and performing timely operations upon any of those which might become defective, those useful organs may be preserved in perfection during our whole lives. Founded upon these principles, and recommended by his admirable operations, the practice of Dr. Hudson soon became the praise and admiration of all who witnessed or experienced its beneficial effects. His name was soon placed as first amongst all those who practised dentistry in this country. This reputation he always retained. For a great many years, to equal his operations has been the highest ambition of other practitioners; none expected to excel them."

Fully aware of the great and well-merited reputation of the senior Dr. Flagg, I would take this opportunity of stating one particular instance which came under my own immediate observation, and which shows, in a remarkable degree, the efficacy of filling, when skilfully performed. I was consulted, some two years since, by a gentleman who had employed Dr. F., senior. On examining his teeth, I found two cavities filled with gold. Their appearance was such as would indicate, to a casual observer, that the operation had been but recently performed, but the gentleman assured me that they had been filled by Dr. F., senior, 33 years since; and I believe no dentist of the present day, notwithstanding the advantages that we may now possess over our predecessors, could have improved the filling, even after the lapse of so many years. At that time Dr. F., senior was the principal, and, I may say, almost the only dentist in Boston; and from my own grandfather, Dr. Spence, having been the only dentist of note in Philadelphia, at the same time, I feel myself more identified with the dentists of this country than those of any other, although guilty of being a foreigner by birth. I would also pay Dr. J. F. F. a just tribute, in stating my conviction that he has done much to raise the profession to its present stand in Boston, and to him we are indebted for many valuable improvements in our art; but I must likewise state it, as my opinion, that science would make but slow progress if every individual who wished to acquire each new improvement was bound to pay not only a large sum, but likewise prevented from divulging it to others without exacting the same terms. Whatever additional knowledge I have been able to obtain in this country, either in the filling of cavities, or in the manufacturing of porcelain teeth, I have paid for it; and whatever *confidence* may have been placed in me by the Boston dentists, there is not one who can say that he has communicated to me any of their peculiar methods of operating.

It is with feelings of the utmost delicacy, Mr. Editor, that I can ever defend myself from an attack on my private motives of action in a public journal—feeling, as I do, that your readers cannot be interested in the personal quarrels of individuals. You can, then, judge of my surprise, in not only witnessing Dr. F.'s making your Journal the medium of personal invective, but of stooping to such petty weapons of warfare as to presume to judge of my humble plans, without ever having had the means of ascertaining what they are. He states that I have been made to believe that the great secret and excellence in filling teeth consists more in the particular mode in which pieces of gold are placed in them, than in the knowledge and experience of the operator; and that to explain the whole secret, I send a tooth filled in a vice, by a *Hudson operator,* to illustrate the different steps of an important and often difficult operation. Now he has drawn what he considers a powerful simile, in comparing my illustration to sending an amputated limb from the Massachusetts General Hospital, to St. Thomas's, London, as an evidence of the skill with which amputation was performed in this country. That it presents itself in this light to the gentleman's intellect, I have no hesitation in believing, and cannot but congratulate myself that the intellect of others is not of this peculiar cast. I give you the case, Mr. Editor, that I may have the benefit of your judgment upon it; if it, together with that of your readers, coincides with the gentleman's, I will then submit. I selected several teeth, and excavated them as I have been taught to believe in the most approved manner; for instance, I made the opening as large as any part of the interior, and the sides perpendicular to the bottom of the cavity, instead of making the opening smaller, as was formerly practised. I then rolled some gold foil into little cylinders, of various sizes and lengths. I took one of these teeth, and placed in it as many of the above-mentioned cylinders as it could contain loosely, without altering their form in the least, simply to show their relative position to each other and the cavity. I gave full explanations regarding the necessity of applying pressure between the cylinders, and in proportion as room is made between them, to add more of requisite size, until the cavity is wholly filled, giving, at the same time, a detailed description of the whole process, and the manner of obviating certain difficulties, such as the flow of saliva, &c. I sent a quantity of gold foil made by Marcus Bull, who is, by the way, an American, and makes superior gold to any, either in this country or Europe, of the requisite thickness to show the contrast between it and that now used in Europe. As I before mentioned, I requested a gentleman, well known for his superior operations, *although he may be a follower of Hudson*, to fill a tooth, which I sent with a number of other specimens. I obtained from Mr. Johnston correct drawings of the instruments requisite. I called Mr. Nasmyth's attention to the advantages of making the healthy walls of the cavity hold the gold, instead of trusting to the shelving edges of the orifice, as has been the general dependence of most dentists. I also suggested to him the advantages of making use of India rubber between the front teeth to separate them, instead of resorting to the use of the file; and also to the efficacy of tying saddler's silk around the necks of some teeth, to prevent the bleeding of the gum during the operation. Sir, do you appreciate the justness of the gentleman's simile?

I must again advert to Dr. F.'s incorrectness, to use the mildest term, regarding the new instrument mentioned in a former number of your Journal. This instrument does not happen to be that to which Mr. N. alludes, but one which Mr. G. Combe brought to me from England, the invention of Mr. W. Robertson, a distinguished dentist in Birmingham. It consists of two parts, which move on a hinge, in the same plane, but of course in opposite directions. To the extremity of the one is a fixed fulcrum, and to the end of the other is a *fixed* claw, in all cases opposite to the same point of the opposing fulcrum. From this construction of the instrument, it will be evident that no difficulty can ever arise from any difference in the size of the tooth to be extracted, while, at the same time, from the circumstance of the operator having the power of regulating the exact degree of force with which the claw shall be held against the tooth, it is also evident that the instrument can be used as a pair of forceps, and consequently is applicable to all cases, whether the tooth be only slightly carious, or so much decayed as to be on a level with the gums or alveolar process. This instrument you noticed in a previous number of your Journal, as having been made and invented in Edinburgh, instead of Birmingham; and as I showed a little key, which Mr. Nasmyth sent me, to Dr. Martin, and which was invented by him, Dr. F. concluded that I wished to pass that off as a new invention, and put a notice to that effect in your Journal. I would further say that I had no idea of your mentioning it, until I saw the notice myself, and observed the error. I also agree with Dr. F. in considering *his own* forceps superior to any other instruments now in use.

Dr. F. presumes that I sent teeth made by other dentists to Mr. Nasmyth, and passed them off as my own manufacture. But had Dr. F. read my letter, as most of your readers might justly suppose he had, from his bold assertions regarding its contents, he would have found that I gave credit to each person for the particular specimens that I sent. And I would further add, that Dr. F. and myself received instruction in manufacturing what he considers superior teeth to any in Europe, from the same individual, who, I *regret* to say, is *unhappily an Englishman*, as well as *myself*.

As I have not an opportunity of referring to Dr. F.'s communication, I must necessarily omit much that I would wish to say explanatory of his unprovoked attack upon me; and I must say that I regret that the attack was made by a man who has sustained, deservedly, such a high stand both as an operator and a gentleman, as it convinces me that a *gentleman* can be guilty of ungentlemanly conduct. Yours, &c.

Cincinnati, Ohio, Feb. 27, 1839. HENRY A. DEWAR.

THE EYE.

BY WILLIAM CLAY WALLACE, M.D., NEW YORK.

No person of ordinary intelligence would, on the inspection of a steam engine, acknowledge that the parts of a machine of such power, and indicating so much thought and design, could, by natural causes alone, assume their form, and be placed in situations proper for the purpose for which they were intended. It is clear that without the smelter the ore might have remained in the mine forever, and that without the mechanic the metal, when formed, would never have been a steam engine.

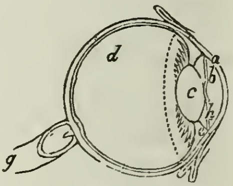
It is proved by geologists that the earth we inhabit was at one time a melted mass, of such a temperature that no living thing, as at present organized, could then exist; there was, consequently, a period when the machinery of animated beings was formed and put together, and when all the contrivances we witness were planned and executed. There were no gradual advances to perfection ; every organized being was at once adapted to the element in which it was destined to live. From the examination of the remains of animals, we find that their organs were as perfect thousands of years ago as they are now, whereas the master-pieces of human contrivance are daily undergoing improvement. In the construction of living creatures there is no room for improvement—there is no science, nor art, of which advantage is not taken ; for when we discover a new principle, or application of a principle, we find, on an appeal to nature, that it has been known and acted upon long before. As an example :—The eye of the halibut is directed upward, and the animal could only see in that direction if there was not a provision for turning it forward. Below the eye-socket, and communicating with it by an opening, there is a cavity containing water, which may be forced into the socket, and be squeezed back again when required. The skin is firmly fixed before, while it is loose behind, and permits the organ to be turned round and elevated, so that the animal can see straight forward when the water is forced into the socket. To protect the nerve of vision from injury arising from the changes of temperature thus produced, a thick coating of jelly, a bad conductor of heat, is placed between the fluid and the nerve. The want of mobility in the neck is thus supplied by means quite as efficient, and which man, with all his ingenuity, did not discover or apply to a practical purpose for more than 5000 years.

The socket of the turtle contains cavities into which air may be forced and the eye be blown out, while numerous intersecting bands limit the extent of protrusion and keep it from bursting. By squeezing out the air, the eye may be sunk so far that there is no danger of its being injured by striking against the shell, when the head is drawn rapidly back.

It is difficult to perceive how these objects could be accomplished in any other way than above stated. If the eye were pushed out by the direct application of muscular power, the muscles for the purpose would occupy so much of the socket that there would be no room for those which move the eye in different directions. Although deservedly vaunted as a modern discovery, the principle of the hydrostatic press was understood and practically applied long before the time of Bramah.

When a magnifying glass is fitted into a hole in the window-shutter of a dark room, and the light which is admitted is received upon a sheet of white paper held at a certain distance, a beautiful but inverted picture of everything before the glass is formed on the paper. The representation of the scene without is so true to nature that artists sometimes avail themselves of this method to make a correct landscape. The things essential to this experiment are: 1, a convex glass to collect the light from surrounding objects; 2, an opaque or semi-opaque substance placed at the focus to intercept the light and make the image visible; and 3, a covering to keep the parts in situation. The eye is just such an instrument, consisting of all these parts, besides others which cannot even be imitated, and it is constructed with such exquisite workmanship that even the microscope cannot exhibit the minuteness of its structure.

The magnifiers of the eye are: 1, the transparent window through which we see the colored circle surrounding the pupil; 2, a quantity of water which becomes a magnifier by the shape of the skin in which it is contained; 3, the crystalline lens, which is the principal magnifier; and 4, another portion of water intersected by so many skins that it has the appearance of jelly.



Section of the Eye.

a, Cornea or window; *b*, aqueous humor; *c*, crystalline lens, or principal magnifier; *d*, vitreous humor; *g*, optic nerve.

1. The first magnifier, which is the window of the eye, is called the cornea, and resembles a small watch-glass fitted to the outer case or white of the eye, like the glass to the watch-case.

2. The water behind the window is of the purest transparency, and as it is not intersected by skins, the enlargement or diminution of the pupil is not interrupted.

3. The crystalline lens, or principal magnifier, consists of a series of coats, placed under each other like the liths of an onion, and these are again more compactly arranged as they approach the centre. In animals which live in air, the principal magnifier resembles a common burning glass, but in fish it is either round like a pea (a sphere), a pea slightly flattened (an oblate spheroid), or a pea elongated (a prolate spheroid). This magnifier is contained in a transparent case, the edge of which passes in front of the next magnifier, leaving an unattached part between them, called the canal of Petit, for the purpose of allowing it to be moved backward and forward for proper adjustment.

4. About three fourths of the hollow globe of the eye is filled with water contained in transparent cells, which prevent the contents of the eye from running out when wounded. The fluid of the opened cells only then escapes, and the form of the eye is preserved. On a principle somewhat similar ships are constructed, divided into various compartments, one of which, only, fills when a plank is started, while the buoyancy of the vessel is preserved by the rest. From the intersections of the membranes forming the cells, the fourth magnifier resembles

a gelatinous mass, which, from a fancied similarity to melted glass, has been called the vitreous humor. In the structure of these cells, and the sources whence they derive their nourishment, care is taken to avoid the retina; for though they are close to each other, not a single vessel passes from one to the other throughout the whole extent of the latter, with the exception of a solitary vessel that proceeds from the entrance of the optic nerve, a spot which is blind, and which does not therefore require the precautions requisite for vision. After there is no risk of interfering with the retina, the membranes forming the cells pass backward in the form of a star.

The magnifiers just described collect the light in such a manner that an image is formed on the inner layer of the retina, which is covered with extremely minute bloodvessels, branching out like the veins in a leaf after the soft part has ben eaten away by insects. From the network appearance of these vessels, the whole nervous expansion has received the name of the retina. As the light proceeding from a magic lantern or through the magnifier into a dark room, would not form an image unless there was a sheet of paper or other opaque or semi-opaque substance to intercept it, so the light passing through the magnifiers of the eye must fall on a similar substance before it can form an image. This net-work, then, may be called the screen on which the image is received.

An image of the coarser vessels of the net-work, resembling a withered tree exhibited on a screen, will soon appear, if when the eye is directed steadily forward, we move a lighted candle up and down on one side of the line of vision. The vessels appear much magnified on account of the proportion of the nervous expansion they cover when compared with an ordinary image. This representation may be owing to pressure on the vessels by a swelling of the nervous fibres, produced by a violent and irregular play of light upon them; or it may be the effect of violent exercise of the colored circle round the pupil, and consequent accumulation in the neighboring vessels.

The strings of the expanded nerve are spread over the net-work, and on these again there is a layer of minute globules, retained in their place by the finest skin in the body, called the coat of Jacob.

The rays of light, after they are collected by the magnifiers, being intercepted by the net-work or screen, cause a vibration of the nervous fibres on the globules behind them, and these vibrations being communicated along the nerve, which, after joining its fellow of the opposite side, proceeds to the brain, vision is the consequence.

a, entrance of optic nerve. There is an opening with a yellow margin, in the centre of the retina in man, around which the ends of some of the nervous fibres meet. The probable use of this arrangement is to enable him to see very minute objects, for as sensation is most acute at the extremities of nerves, the impression from a minute object received on the ends of the fibres thus collected, will be more powerful than elsewhere, just as a stroke on the

Fibres of Retina.

end of a wire causes a greater vibration than on the middle. In order to give nourishment to these fibres, as well as to form the meshes of the net-work above described, a bloodvessel enters with the optic nerve, and in its course it avoids, by passing round it, this yellow spot, which is the most sensible part of the eye. The care which has been taken to keep the trunk at a distance is also extended to the branches, for no coarse vessel is permitted to approach this delicate structure and interfere with vision.

We sometimes see a portion of the net-work of the fibres or of the globules floating before the eyes, when they have been for some time exposed to a very bright light, as after riding, when the ground is covered with snow. The cause of the apparent motion seems to be this. As other nerves become erected, so the nervous fibres or strings become erect or tuned like a musical instrument, in order to be placed in a proper condition for distinct vision. Should there be any unusual fulness of the reticulated vessels, or any displacement or deficient energy of the strings or of the globules, the strings will not be free to vibrate by the light, but will convey false impressions, when, during their erection or tension, they come in contact with bloodvessels, nervous fibres, or globules, out of their natural order.

As the image of a grain of sand or a still smaller object must be very minute, when represented on the retina, a very slight tension of the strings would make the bodies, to which we refer, seem to pass over a great space.

One of the greatest discoveries in modern physiology, is that of Sir C. Bell, who ascertained that there are two sets of nervous fibres—one for sensation and one for motion. By the one the impressions from external objects are communicated to the brain, while the mandates of the will are conveyed from the brain by the other. Each of the organs of the senses is supplied with different nervous fibres, one set for sensation and another for adjusting the apparatus by means of which the sensation is effected. Magendie, an eminent French physiologist, found that when the adjusting nerve of the eye was cut across, the animal became as blind as when the optic nerve itself was divided.

I have noticed that pressure on one part of the retina conveys an opposite impression to the brain. If I shut my eyes and press the retina of one of them on the outside, the circle of light which is thus produced will appear as if proceeding from the inside. If I press above, the circle will seem below; and if I carry the fingers completely round the eye, the light will always be opposite to the finger. We may thus account for erect vision, although the image of objects is inverted on the retina. If with this disposition of the nerve the picture were not inverted, everything would appear upside down.

From the inverted picture on the retina, and from the facts that children miss the object at which they grasp, and that a person who has been born blind, after restoration to sight by an operation, could not at first see correctly, it was inferred that everything really appears upside down, but that the error was corrected by the sense of touch. Although it is obvious that the eyes of children are not perfect for a considerable time after birth, and that eyes which have been couched are deprived of the use of the principal magnifier, it is remarkable that the opinion that we do not see correctly unless we learn to do so by experience, is still maintained by most authors on the subject. A chicken, as soon as it is hatched, without any education of the sense of sight, can pick up a seed with unerring certainty, and the sparrow and the bee fly in correct directions at the very first attempt. Although we are convinced by the sense of touch that an oar may be straight, yet when partially immersed in water it will seem crooked; and when we look at a long row of trees of equal height, the one which is most distant will appear the shortest, notwithstanding our experience to the contrary. The Divine Architect has formed every sense perfect in itself, and independent of any other.

(To be continued.)

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 17, 1839.

THE PRACTICE OF MIDWIFERY.

A DEPLORABLE case of ignorance, violence and death, recently occurred in the city of New York, which should not go unrebuked. By the accounts in the papers it appears that Dr. Septimus Hunter was called to Mrs. Cozzens, who was in labor. After removing the placenta, under the impression that something still required removal, he exerted himself for an hour, notwithstanding the lady's cries of agony, and finished his infernal task by tearing out her uterus. She died under his hands, a martyr to his empirical practice.

There are, in the city of Boston, practitioners of midwifery, who, if closely pressed, would be found as grossly ignorant of anatomy as the murderous Hunter. And it is well understood, too, that some of them are stupid igoramuses; but because their service can be had a little under the regular professional fee of those who have devoted a whole life to the acquisition of that species of knowledge which is an anchor of hope in the chamber of sickness, they have a patronage which leads to wealth, but not always to honorable distinction. We deem it of importance to regulate the practice of obstetrics, since it has become notorious that a horrible waste of life is made, of both mothers and infants, by the bold, reckless, officious daring of men and women who have not a single claim on the score of scientific attainment. Hundreds of women are hurried out of existence by these speculators on life, though the community only occasionally hear of an aggravated case. Death in childbirth is too generally considered unavoidable, and even the opinion that everything was as it should be, by way of endorsement, by a person who is entirely incompetent to decide, puts the people at rest even when they have been suddenly shocked by an unlooked-for event of this kind. A jury of inquest should oftener be called. Cheap ignorance in physic seems to be prized in a land of civilization, while the learned are viewed with distrust and often with hatred.

Prepared Groats.—Whatever is of consequence to the comfort or even convenience of the sick, is also of consequence to the physician. Mr. Preston, a druggist, at No. 70 Federal street, Boston, an excellent chemist and a deserving citizen, has prepared groats for making pure gruel in the shortest time. But this is not the greatest advantage arising from the new mode of preparing the article; there is a guarantee that it is just what the envelope declares—"recommended for making a delicate, nourishing gruel, not liable to turn sour on the stomach—all crude and indigestible qualities being removed by the peculiar mode of preparation." Physicians can order it from almost any apothecary's shop throughout the country. Usually the market has been supplied from Europe with an article which becomes old, and in many instances wholly unfit for use, by the time it is carried to the bedside of patients. Mr. Preston's oatmeal has the merit of being actually good and fresh, and therefore to be relied upon at all times.

Willoughby Medical College.—The following account of the annual commencement of the Willoughby Medical College, in Cuyahoga Co., Ohio, is from the Cleveland Herald and Gazette.

The annual commencement of this institution was held at the College on the 25th of February, and the degree of Doctor of Medicine was conferred on the following gentlemen. Their inaugural dissertations are annexed.

W. H. Fox, of Cuyahoga Co., Ohio, on *Cold and Tepid Bathing;* J. W. Henderson, of Cuyahoga Co. Ohio, on *Anatomical Education;* A. McFarland, of Cuyahoga Co., Ohio, on *Purgatives;* J. A. Sayles, of Cuyahoga Co., Ohio, on *Dysentery;* J. M. Johnson, of Geauga Co., Ohio, on *Aspidum Acrosticoides;* W. S. Streeter, of Portage Co., Ohio, on *Cause and Effect;* Henry Spellman, of Medina Co., Ohio, on *Hepatica acuta;* Ellsworth Rose, of Erie Co., N. Y., on *Cynanche Trachealis.*

After the reading of the theses by the candidates, and the conferring the degrees, with the presenting of the diploma by the President of the institution, Professor Delamater addressed the graduates in an able, eloquent and appropriate manner. While he depicted in an impressive form the highly responsible duties of the profession they had embraced, with the many opportunities which presented themselves of doing good in the practice of their avocation; he also held up to their view a strong picture of the hostile and uncourteous conduct of practitioners towards each other, as being one of the main props of empiricism; at the same time advising them against such an illiberal course. He also urged, in a mild and affectionate manner, the necessity of their being followers of Him who spoke as never man spoke, and following out his noble example of ameliorating the condition of the distressed, and soothing pain and woe wherever it existed; while he hoped, by their strict moral intercourse with mankind, they might raise the standard of the medical profession to that elevation which it so justly merits.

The medical profession of this section of country will very soon feel the beneficial influence of this school in the advancement of medical literature. The high literary and scientific acquirements of the present faculty, together with their lofty-toned sentiments of virtue and morality, entitle them to any assistance which an enlightened community can render in establishing a medical school in our vicinity.

Medical Miscellany.—At Newburn, N. C., where the varioloid has been prevailing, there has been one death only.—Maryland has enacted a law by which the steamers may collect pay for their services.—Dr. Southwood Smith, of Southampton, England, has completely embalmed the body of the celebrated Jeremy Bentham, who bequeathed his body to Dr. Smith for that purpose.—In 1818 a mad dog was necessarily slain in the chamber of a house in the Shaker village, near Pittsfield, Mass. About a quart of blood, for security, was buried at the foot of a pear tree, in full bloom, which immediately began to wither. Some of the small roots were supposed to have been wounded, and the poison carried into the circulation of the tree.—The catalogue of the medical department of the University of Pennsylvania, contains 202 names.—Maryland, by an act of the legislature, has appropriated $40,000 for the endowment of a lunatic asylum.—Dr. Christison's treatise on granular regeneration of the kidneys, and its connection with dropsy, inflammation and other diseases, is in process of publication in the American Medical Library.—Dr. Morton's great work on American skulls may be expected soon.—A physician is to be elected in June, for the city institutions at South Boston.—M. Bulard, the experimenter on the plague, has invited a congress of physicians from all countries, to assemble at Malta, to agree upon a universal system of quarantine. We are translating his bulletin.—The process for embalming dead bodies or parts of animals, by the injection of a liquor, in England, is considered a great and important discovery.—Dr. Toothaker's tooth instrument is getting into favor; it is a capital instrument, and cheap, too. It may be found at Brewer's, No. 92 Washington street.—Scarlet fever is mortally prevalent, as usual, in many places, south and west.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. Elevation 483 ft.

1839. March.		THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
		Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.			
1	Frid.	35	36	36	28.75	29.03	29.14	N W	Clear	High wind.
2	Satur.	32	49	46	29.11	29.04	29.02	S	Flying Clouds	Warm and pleasant.
3	Sun.	24	16	13	29.03	29.16	29.30	N	Squally	
4	Mon.	6	23	23	29.50	29.59	29.58	N W	Clear	
5	Tues.	15	28	28	29.50	29.45	29.46	S W	Clear	Aurora borealis.
6	Wed.	23	41	40	29.60	29.59	29.55	S W	Clear	
7	Thur.	32	50	51	29.38	29.29	29.25	S W	Clear	Warm and pleasant.
8	Frid.	34	50	45	29.13	28.97	29.83	S E	Cloudy	Evening, rain and snow.
9	Satur.	36	40	38	28.66	28.76	29.85	N W	Clear	
10	Sun.	29	30	31	28.98	29.04	29.16	N W	Clear	
11	Mon.	19	33	34	29.20	29.26	29.43	N W	Clear	
12	Tues.	24	45	42	29.52	29.65	29.70	N W	Clear	
13	Wed.	30	48	46	29.80	29.73	29.68	S E	Clear	At night, rain and high wind.
14	Thur.	41	41	38	29.38	29.33	29.40	S W	Cloudy	
15	Frid.	28	37	40	29.53	29.56	29.60	N W	Clear	Aurora borealis.
16	Satur.	28	44	45	29.56	29.46	29.48	S W	Clear	
17	Sun.	36	45	44	29.50	29.53	29.49	N W	Clear	
18	Mon.	37	41	40	29.40	29.34	29.30	N E	Rain	
19	Tues.	34	39	38	29.16	29.32	29.43	N E	Cloudy	Snow squalls.
20	Wed.	27	32	31	29.59	29.63	29.58	N E	Cloudy	
21	Thur.	30	35	34	29.47	29.35	29.30	N E	Rain	In the night, thunder and lightning.
22	Frid.	34	44	43	29.10	29.10	29.11	N W	Clear	
23	Satur.	36	48	45	29.08	29.02	29.00	N W	Clear	
24	Sun.	32	41	43	29.13	29.20	29.23	N W	Clear	Aurora borealis.
25	Mon.	34	42	37	29.20	29.20	29.24	N W	Clear	Morning, snow squalls.
26	Tues.	27	44	48	29.25	28.20	29.23	N W	Clear	
27	Wed.	42	62	54	29.08	29.09	29.14	S W	Clear	
28	Thur.	40	62	49	29.32	29.44	29.44	S	Clear	
29	Frid.	36	48	40	29.31	29.24	29.16	N E	Clear	Rain in the night.
30	Satur.	38	38	35	29.20	29.45	29.60	N W	Clear	
31	Sun	26	44	44	29.83	29.92	29.92	N	Clear	

March has been a mild and pleasant month, having much clear weather, few storms, and none of great severity. The extremes of the thermometer have been 6, and 60; of the barometer, 28.66, and 29.92. Very little rain has fallen.

To Correspondents.—A number of communications are crowded out of this number. Among them are the following: On the use of Fowler's Solution in Scarlatina; New Method of filling decayed Teeth; Orthopedic Institution; Medical Inquiries; Ergot in Parturition; Scarlet Fever; and Case of Tetanus.

Died,—In Kingston, N. J., George Bayles, M.D., 32.—In St. Croix, Philemon Baker, M.D., Assistant Surgeon in the U. S. Navy, 24.

Whole number of deaths in Boston for the week ending April 13, 37. Males, 24—females, 13.
Of consumption, 6—worms, 2—hooping cough, 1—convulsions, 1—wounds, 2—drowned, 3—debility, 1—inflammation of the lungs, 2—apoplexy, 1—marasmus, 1—old age, 1—disease of the brain, 1—scarlet fever, 3—croup, 1—child-bed, 1—dropsy on the brain, 1—liver complaint, 1—dropsy, 1—lung fever, 1—infantile, 1—cachexia, 1—inflammation of the stomach, 1—stillborn, 7.

OUTLINES OF THE INSTITUTES OF MEDICINE,

Founded on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his inferences, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage.
"*New York*, 1838."

Just published by **OTIS, BROADERS & CO.**, 120 Washington street, Boston. M 20.

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply WILLIAM BROWN.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

SITUATION.

A young physician, in a town about 18 miles from Worcester, wishes to sell from two to three hundred dollars worth of personal property, consisting of a horse, gig, medicine, &c.; and emigrate. Town contains about 2000 inhabitants—two religious societies, and good schools through the year. A letter to the editor of the Journal, post-paid, will direct to the town and physician, of whom the conditions and any particulars may be obtained. M 6—4teop.

TO PHYSICIANS.

A physician wishing a stand, where he may command a large business, may hear of one by application to the editor of the Medical Journal; if by letter, post paid. M. 27—tf

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, April 24, 1839. No. 11.

TETANUS FROM A NEWLY INCISED WOUND.

[Communicated for the Boston Medical and Surgical Journal.]

I was called on Monday, the 8th day of April, to Robert Smith, a laborer, aged twenty-five years, whom I found in tetanic convulsions the most severe imaginable. His jaws were set so firmly that it was almost an utter impossibility to move them. His pulse was very full and bounding, but not frequent; his skin was covered with a gentle perspiration, and his pupils very widely dilated.

It appeared, upon inquiry, that he had, about two hours before my arrival, cut his foot upon the instep. The wound was not a severe one, not so much so as to excite any serious apprehension, or even to call his attention immediately to it. He continued at his work a few minutes after he had received the wound, and then went into the house to have it wrapped up; but whilst the bandage was being adjusted, he fell into the convulsions above described. His limbs and every muscle of the body, when I arrived, were in a state of rigid and most extreme extension, except at intervals of about every five minutes, when a slight relaxation in the muscles of the arms took place; but these remissions were of short duration, none of them continuing more than half a minute at a time. His legs and his neck at no time became in the slightest degree relaxed. His respiration was perfectly natural.

Finding him a man of a strong, robust habit, my first object was to take blood from the arm; but I was foiled in the attempt, as at the most I could make but a very little flow. I next had hot fomentations put to the abdomen and feet, and a cataplasm to the wound, after having filled it with spirits of turpentine. The limbs were rubbed briskly with spirits of camphor; ether was applied to the temples, the nostrils, and a few drops put into his mouth, whilst hot bricks were applied to the back. He continued in this state for about two hours, when his limbs became somewhat more relaxed, and he shortly came to his senses, so far as to be able to speak. At this time we were able to get a quart of blood, or more, from the arm, and the convulsions left him entirely. He continued to lie quiet for about two hours, when his jaws again became set, and his limbs as rigid as ever. I again took a pint of blood from the arm, made a free incision at the bottom of the wound, in order to cut off any wounded nerve that might there be found, and applied the powdered nitrate of silver to it, after being well dilated. We then commenced giving him brandy and opium alternately. Of the former we gave four ounces every half hour, and of the latter five grains during the same time. Under this treatment he continued through the night with only slight convulsions occasionally. At eight o'clock the next morning, they again returned, when I once more bled him, gave a drastic purge, and continued the anodyne as usual. After this he had no more convulsions, and the next morning he was up and about. The wound is well inflamed, and begins to suppurate, with all the appearances of doing well.

This case, which I consider one of decided tetanus, is remarkable only for the time at which it came on, being immediately after the reception of the wound, and for the control which bleeding and stimulants possessed over it. N. H. ALLEN.

Gray, Me., April 18, 1839.

FOWLER'S SOLUTION IN THE TYPHOID STATE OF SCARLATINA OR CANKER RASH.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING, in the winter of the year 1836, in an epidemic of canker rash that prevailed quite extensively in the town of Rush, in this Co., witnessed the good effects of Fowler's solution in the typhoid state of the disease, and presuming it has never, or at least not generally, been resorted to in this frequently malignant and fatal complaint, and from your expressing a desire that some more successful plan of treatment might be adopted than that in usual practice, I am induced to report a case or two.

CASE I.—Adeline S., aged 12 or 13, of a decidedly strumous habit, flaxen hair, light-blue eyes, and fair skin, was suddenly attacked, after going to school all day and studying and playing with her usual vivacity, with chills and shivering, soon followed with burning heat, great thirst, nausea and vomiting. I soon saw her and gave an emetic of ipecac. followed by a purge of cast. oil, after which she was put upon a solution or infusion of ipecac. once in 3 or 4 hours, alternated with a solution carb. soda and spt. nit. dulce. Drink, cold water, acidulated with cremor tartar. The ipecac. increased so as to induce moderate vomiting, when there was great difficulty of breathing from the accumulation of viscid phlegm in the throat and fauces. The eruption commenced coming out on the 2d day, and on the 3d was very general over the whole body; the fever running very high, with intense heat of the surface, slight delirium at night, and urgent and constant thirst; considerable, though not very great congestion and soreness about the throat and mouth; the mucous membranes of the fauces and nose covered with the efflorescence; the middle of the tongue covered with a white coat, and the edges intensely red. About the 5th day the fever and efflorescence began to subside. There were a few small ulcers on different parts of the mouth and fauces. A gargle of blood-root, capsicum and muriate of ammonia, sweetened with loaf sugar, was used, and a similar preparation, with the addition of a little ipecac., was directed to be taken once in four hours, with Dover's powder, if much heat of surface and restlessness, once in 5 or 6 hours, and especially at night.

On the 7th day we thought our patient so far recovered that we quit visiting her. On the 10th we were again called to see her. There was great prostration; the tongue red and dry in the middle, with a streak of coat on each side, the extreme edges and tip red and dry also; an appearance I have only noticed in a few cases. There was great pallor of countenance, with an occasional livid flush on the cheeks; the pulse frequent, quick and weak; surface dry, with considerable heat at times. We immediately put her upon the use of quinine and capsicum, the quinine in 3 or 4 grain doses once in 4 hours, and the capsicum once in 2 hours, a tablespoonful prepared after a formula quite similar to Eberle's, viz., R. 1 tablespoonful of red pepper, a teaspoonful common salt; beat together, to which was poured a half pint of boiling water; steeped, strained, and a gill of good vinegar added, and taken when cold. She continued, however, to sink; the quinine was increased from 4 to 5 or 6 grains, with carb. ammonia, and other diffusible stimuli, such as wine and brandy. Her case was now looked upon as hopeless, her friends frequently gathering round her bed to see her die.

At this time, the 14th day of the disease, my respected friend, Dr. Edson, of Scottsville, saw her. He advised to continue the quinine and wine, and in addition 10 drops of equal parts of paregoric and Fowler's solution. In the course of 24 hours there was an evident amendment. On the 3d or 4th day there was some desire for food. On the 7th or 8th, the fever and typhoid symptoms had entirely subsided. Considerable swelling of the eyes existed, caused by the solution; for it had been given constantly every 4 hours for 7 or 8 days, notwithstanding the patient at times had complained of severe pain at the stomach, with tenderness on pressure. She convalesced rather slowly for two or three weeks, during which time the cuticle peeled off from a considerable surface of the body; on the hands and feet it came off almost like a glove, and with it a number of nails from the fingers and toes. There was great swelling of the feet and legs from œdema. Towards the latter end of the 2d week of convalescence, symptoms of anasarca came on. During this time many of the articles recommended for dropsy were given, to no purpose; the legs were bandaged with a solution of muriate of ammonia in vinegar and water. We now put her on the use of the carb. iron ½ oz., 2 drachms extract sarsaparilla, 3 drops oil of cinnamon, 2 oz. hot water, sweetened with loaf sugar. Dose 1 teaspoonful once in 6 hours, well shook before given. Three or four days after, I was sent for in great haste. The people had become alarmed on account of her voiding enormous quantities of urine in a few hours. Their fears were quieted by assuring them it was highly favorable, and what all along we had been trying to effect. She now very soon regained perfect health, and grew rapidly. In the fall of that year (1836) I left for this place, and did not again see my patient till the summer of 1837, some 14 or 15 months from her disease. She then was enjoying perfect health, and almost in the full blush and bloom of womanhood—which fact I mention merely to show that no bad effects had ever followed the use of the medicine, which I believe saved her life, and which undoubtedly is the most powerful and abiding tonic known.

Case II.—A girl of strumous habit, 5 or 6 years of age, under the care of my esteemed friend and former preceptor, Socrates Smith, M.D., was treated nearly in the same manner as case I. Both he and the child's friends looked upon the case as mortal. He directed 5 drops of a mixture as before; that is, one half paregoric and the other half Fowler's solution, once in 4 hours, with complete success. In fact, the mother declared to him, and afterwards, upon inquiry, to me, that before she gave the first dose, she sat holding the child in her lap, thinking every breath would be its last; that she gave the drops, and in less than ten minutes it roused up as from a sleep, got out of her lap and sat down in a little chair at her feet. To the truth of this I will not vouch, as I did not see it; but I believe it to have been so, for the neighbors as well as the woman attest its truth, and they are all very respectable. One thing, however, is positively certain—the child got well.

It will be noticed that emetics in the early stage of the first case were used. In fact I have, with Professor Cross, great confidence in them in the treatment of this disease, in all its forms and varieties; and with him I believe a great deal depends upon their proper selection, though I differ with him in regard to their administration, in some particulars. He seems to place his whole dependence upon their efficacy when given in sufficient quantities to vomit, and often repeated; whereas I believe equally as much or more depends upon their being given so as to produce constant and protracted nausea. When called to a case, my practice is to administer an emetic of ipecac. or emetic tartar, or ipecac. conjoined with sanguinaria Canadensis, sulph. zinc., or cupri, according to the condition of the system and the stage of the disease (which I shall presently describe). After their operation I should cause the bowels to be gently moved with castor oil, senna or salts, or rhei, or even with magnesia or manna in very young cases. I firmly and sincerely believe, from what I have seen of its effects, that the frequent and free use of calomel, as so highly recommended by Armstrong, Eberle, and almost every writer upon the subject, and so generally practised, is productive of more injury than benefit. For we all know that one of the specific effects of this article is to produce increased action in the glands and parts about the neck and mouth, and, when carried still further, engorgement and inflammation. The same effects are produced by this disease in a peculiar manner; that is, engorgement, inflammation, ulceration, and, in malignant cases, gangrene and mortification. Calomel, therefore, is not indicated, unless in cases of decided bilious temperament, and where there are well-marked signs of derangement or obstruction of the portal system. After the bowels are evacuated, the patient should be put upon nauseating doses of the tartrite or ipecac., once in 1, 2, 3, or 4 hours, according to the urgency of the case; and whenever the trachea, bronchia or lungs seem to be loaded and pressed with a collection of viscid phlegm, it should be thrown off by exciting vomiting, either by increasing the dose, or, when not readily accomplished, owing to the system being habituated to its impression, by giving some other article, as ipecac., if using the tartrite or zinc, or cupri if the ipecac. Vomiting once or twice a day is usually sufficient. This course should be kept up till the fever and efflorescence abate. When typhoid symptoms make their appearance, it should be discontinued entirely in nauseating doses, though the more stimulating ones may be used in this stage, even to a late period, with great advantage as a gargle, for which we have the authority of Armstrong and Eberle.

The states of the system in which tartar emetic is indicated and will prove beneficial, are, 1st, where the temperament is bilious or sanguino-bilious, and the age over 5 or 6 years. It may perhaps be given younger with safety and benefit. Under a year, however, it should never be given, being so liable, in such cases, to become unmanageable and produce fatal consequences. 2d, where the fever runs high, where the heat of the surface is intense, or, to use a vulgar expression, almost "sissing," for, "according to Currie and Willan, the heat of the surface has risen to 108 and 112 degrees of Fahrenheit's thermometer." 3d, where there is congestion, engorgement, or inflammation of the brain, lungs, or liver,* and especially the lungs.

What is the first great indication under these circumstances? Obviously to reduce and weaken the strength and force of the sanguiferous system, the heart and arteries, whose excessive action threatens such disorganizing and fatal consequences; and, 2d, to allay the intense heat of the surface. What more powerful in the first, after vomiting by the same means, than nausea, constant and protracted, from emetic tartar, save bloodletting, and that, I believe, is never beneficial in this disease, under any circumstances. And in the second, what more powerful to determine to the surface, to excite an action in the capillaries, and thereby allay the burning heat and dryness?

Where it is not indicated, and where ipecac. will be more useful, is, 1st, in young subjects; 2d, in decided strumous habits; 3d, where there are well-marked signs of gastric disturbance, or inflammation of the stomach from the first; 4th, when typhoid symptoms prevail. When there are malignant typhoid symptoms, the ipecac. should be conjoined with sulphate of zinc or cupri, or bloodroot, or these alone.

Were this plan of treatment generally adopted—emetics in the early and eruptive stage, and Fowler's solution in the low typhoid one, when that should occur (which would not be the case to anything like the extent which it is under the common course)—I do most solemnly believe that the ravages of this at times most malignant and fatal disease might be greatly lessened. It may be proper here to mention, that in the epidemic that prevailed in Rush, in 1836, only one patient died, and that a child 6 or 7 months old, before the eruption broke out, and before the disease was recognized, it being the first or one of the first cases.

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* Even in recent cases of disease in this organ, I believe it will prove nearly, if not quite, as efficacious as calomel or mercury in any form, given in alterative or slightly nauseating doses, at short but regular intervals. When I commenced practice it was with strong prejudice against this article, imbibed by hearing the lectures of Dr. William Tully, who, it is well known, thinks most of our diseases are of an atonic character, and do not require such powerful reducing effects as this article is capable of producing. But since I have been in full practice, my prejudice has given place to confidence.

I do not say this in derogation of the man, for I have and do now yield him all the homage that is due to his age, talents and profound acquirements. While attending his lectures at Castleton, Vt., I was his silent, though enthusiastic admirer. He gave of the article under consideration, the most accurate and perfect account, as to its properties and powers, of any I have ever heard or seen.

In further corroboration of the emetic plan, I will mention that the disease prevailed the same winter in this town, Ogden, to something of an extent, under the care of my friend James H. Gillet, now of Springfield, Ohio, who depended almost entirely upon emetic tartar, and whose confidence in it is so great that he thinks he could cure the disease under whatever circumstances or modifications it might appear. He had 7 or 8 patients in one family, all down with it at once, three or four of whom it was thought by the neighbors, and by a consulting physician, could not live, but who finally recovered. This circumstance gave the greatest notoriety to his treatment. I have since become acquainted with the family. They are all of the sanguino-bilious temperament. I would remark, that soda, in some form, should be constantly used in this disease. Yours, very respectfully,

Adams Basin, N. Y., April 1st, 1839. GEO. C. HOWARD.

P. S.—Why do not some of your able and veteran practitioners write more for your valuable Journal? They might, with little trouble to themselves, communicate detailed and practical pieces on all the common forms of disease, such as we daily and hourly meet with, especially the whole tribe of chronic ones, which often confound, perplex and baffle us, and which entail an immense amount of suffering, a thousand fold greater than is caused by rare, nondescript cases, which only occur at long intervals, and which to a considerable extent fill all our medical papers, to the exclusion of those of very frequent occurrence. Where are Channing, Ware, Hayward, Miner, North, "Senex," Comstock, and a host of others that I could mention? G. C. H.

MEDICAL INQUIRIES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. Peirson, in your number for April 3d, says—"Take, from the list of poisons in the article 'Toxicology,' in the excellent *English* 'Cyclopedia of Practical Medicine,' iodine, alcohol, garden lettuce, carbonic acid—is it not obvious that we can receive the action of these substances in certain quantities, without their specific effects being in the least degree developed? And yet a man may be narcotized by alcohol and asphyxiated by carbonic acid."

In reply to his question, I might answer in the negative. I might say it is not "*obvious*" that we can "receive the action" of either of the substances here named, without their specific effects being *in the least degree* developed. Need I refer a learned and eminent surgeon and physician to the case of those individuals who, having for some time breathed the fumes of lead in its deleterious forms, without apparent injury, tell us it does not injure them—or that of him, who, having been bitten by a mad dog ten years before, gravely assures us that it has not poisoned him, and yet eighteen years afterwards dies of hydrophobia?

But my business is not so much to deny what has been either affirmed or doubted, as to propose a few inquiries. I do not expect they will be answered, as I have no claim on you or Dr. Peirson in this respect; though I should rejoice to find a reply to them in some future number, from either of you or from any other individual. I would, however, observe, in this place, that I do not exactly like to have so much stress laid on the word *poison*. It is time mankind were more rational than to use *doubtfuls* at all—I mean in health. The question should be, not, *what will be least hurtful*, but *what will be most useful*.

Is it true that the conservative principle—the *vis vitæ*—of the human system, has the power of controlling the action of poisons on that system, however small their quantity, even the poison of carbonic acid or garden lettuce, to such an extent that their deleterious effects will be, as Dr. P. affirms, "entirely prevented?" If so, where is the proof? Will the loose analogy of the action of heat and cold on the living system be deemed sufficient?

Is it not true that, as a general fact, the smaller the quantity of any poisonous substance introduced into the blood, or even into the stomach, the greater is its injury to the living system, *in proportion to its quality*?

If the last question should be answered in the negative, does it not devolve on him who makes the reply, to show where the dividing line is between *injury and no injury*? That is, if the *vis vitæ* can resist a drop or a grain of some deleterious substance, so as to prevent, completely, any evil effects to the living system, can it not resist two drops or grains? Can it not ten? Can it not twenty? Or if not, I repeat it, where is the dividing line between poison and no poison, in the application of substances, all of whose parts are alike foreign to the human system?

Yours, &c.
Boston, April 18, 1839. W. A. A.

ERGOT IN PARTURITION.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—It is not my intention to eulogize this valuable medicine. Its character as an accelerator of parturition is sufficiently established, and any remarks of mine, in this respect, would be superfluous. I have used it, probably, in more than a hundred instances, and have *always* had reason to be satisfied with its operation. In fact, it has rarely, if ever, failed of producing the desired effect, in any of the cases in which I have administered it. I consider its action on the uterus, after labor has commenced, to be as certain as that of any cathartic medicine, which I have ever employed, upon the bowels. My object in writing this note is to say, that I do not think the precaution of keeping the ergot in an hermetically-sealed bottle or jar, or keeping it excluded from the air, as recommended by several late writers in the journals, and pharmacopolists, to be necessary. Nor do I think it necessary to pulverize it only when used. I have purchased the article in quantities of more than a pound at a time, and have kept it for years in a wide-mouthed jar, covered with nothing but paper. I frequently pulverize an ounce or two at a time, and fill a small phial, which I always carry in my pocket case, as constantly as I do calomel and other cathartics; the rest of it I tie up in a paper and lay it in the jar with the unpulverized spurry grain, and whenever I have occasion to fill my phial I take it from that paper. That which I have now in my possession is four or five years old. I have used it frequently within a year, with good effect. Within a week I gave 20 grains of it in powder, the dose which I usually prescribe, to a patient who had lingering pains for 24 hours, one in from 20 to 30 minutes, but feeble and inefficient. In 15 minutes from the time I gave it, her pains came on, and never left her for more than 20 minutes, when she was delivered of a lusty child weighing ten pounds, in perfect health. This ergot had been pulverized nearly or quite a year, and had no other protection from the atmosphere than a piece of paper and a common cork. It appears to me that the above facts are worthy of consideration.

Deerfield, March 25, 1839. STEPHEN W. WILLIAMS.

EFFECTS OF TOBACCO ON THE VOICE OF PUBLIC SPEAKERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I find I am not alone in being surprised at the opinion expressed by Dr. Mauran, and apparently endorsed by yourself, of the necessity of tobacco for public speakers, to prevent the occurrence of the disease that has recently affected clergymen so extensively. I apprehend, my dear sir, that these opinions have been given upon few data, and without the reflection which is desirable for those whose views on this subject may have an extensive influence upon the habits of mankind.

If it is indeed true that one qualification for preaching the gospel should be the practice of a most disgusting and vicious habit—the use of a narcotic which is second only to alcohol in its deleterious effects upon health and morals—then, indeed, a new era of knowledge has commenced. The facts that have been presented to me in a practice of more than thirty years lead me to very different conclusions. The first clergyman that consulted me, many years ago, for this difficulty, had arrived at the age of fifty when the disease commenced. He had used tobacco from his youth upwards; he used it then, and afterwards, and I believe continues to use it till this time. He now enjoys comfortable health, but is unable to speak for any length of time. He left the desk long ago, in consequence of loss of voice.

Another clergyman, with talents of the first order, was obliged, at the age of thirty, to leave a people greatly devoted to him, in consequence of this affection of the voice. He was an inveterate chewer of tobacco, and I believe smoked the cigar also.

I am not confident what were the habits, in this particular, of the numerous patients who have applied to me for advice, or whose cases have come to my knowledge; but the impression is strong upon my mind that quite a large proportion used tobacco in some form. The effect of snuff upon the voice is proverbial, so much so that many are able to detect the habit by the voice alone.

The influence of tobacco upon health is certainly deleterious. There is no mistake in this matter. It deranges the nervous system and diminishes the tone of the stomach, in innumerable instances. A narcotic of such power as tobacco, which cannot be used in the minutest quantity by the uninitiated without the most disagreeable and often dangerous effects, the habit of using which cannot be established without difficulty and great caution, and when established, cannot be abandoned without severe suffering, great prostration, loss of appetite, gastric sinking and distress, which shows how nearly allied are its effects to those of alcohol, should never be prescribed without great caution. Indeed, I have supposed that it was the most ready and common stepping-stone to that use of spirituous liquor which leads to intemperance. Those who chew or smoke tobacco are rarely satisfied with water, or other insipid and tasteless drinks, else why should the bar-room and the grog-shop be the resort of the smoker? I would not insinuate that all who use tobacco are lovers of strong drink, nor proscribe alcohol or tobacco as remedies in some forms of disease; but I would be very cautious how I recommended either as preventives of disease. How many thousands have found an untimely grave by the use of brandy, wine, and other narcotics, used to guard against sickness or as remedies for chronic diseases!

Fully believing that the tendency of the use of tobacco is to promote, rather than prevent, the disease in question, I could not forbear to state my views on this *one point*, and may, at a time of more leisure, give you more at large the results of my observation on this active and dangerous narcotic.

One word with respect to the disease. I have been led to suppose that the modern practice of preaching in *vestries*, and thickly-crowded, close and warm rooms, and afterwards inhaling cold air while heated, had much to do in producing the new disease. Vestries are of modern origin, as places of religious worship; the rooms are small and low, and, when filled with people, the air becomes exceedingly bad. The speaker, elevated above the audience, and often near the wall above, inhales none but contaminated air, unfit for the lungs, and highly stimulating to the organs of speech. In such an atmosphere, tending to paralyze his efforts, he is obliged to redouble his exertions. How often do candles burn dim in such rooms; and how often, in spite of all effort, do both speaker and hearer become dull and languid! This effect is doubtless the consequence of the inhalation of an atmosphere rendered deleterious by the exhaustion of the principle which supports life. I believe the disease in question often arises from the frequent repetition of this cause, by a preacher whose health is not firm, and whose constitution is not vigorous.

Yours, truly,

April 15*th*, 1839. S. B. WOODWARD.

THE LATE PROFESSOR HUBBARD.

[The following biographical sketch of Thomas Hubbard, M.D., of New Haven, Ct., is from the Introductory Lecture of Dr. Knight, the successor to Dr. H. in the chair of surgery in the Medical Institution of Yale College.]

Upon the decease of Dr. Smith, the well-known and long-tried reputation of Dr. Thomas Hubbard, as a judicious and experienced surgeon, pointed him out as the proper person to fill the vacant professorship of surgery. He was chosen to that office in 1829, and filled it to the time of his death, with great and increasing reputation to himself and benefit to the institution.

In Dr. Hubbard we have another instance, added to the many which have preceded it, of a man raising himself to high and deserved eminence in a liberal profession, in the midst of an enlightened community, by great energy of character, unaided except by his own exertions.

He was born at Smithfield, near Providence, in Rhode Island, where his father resided as an inn-keeper, in the year 1776. While he was quite young the family moved to Pomfret, in this State, where the same occupation was pursued. When he was about sixteen years of age, his father having died, the care of the establishment, and the oversight of the concerns of the family, consisting of a widowed mother and several children, all younger than himself, devolved upon him. The duties which were thus thrown upon him, at a period of life when most young men are scarcely competent to take care of themselves, were performed with great judgment and skill, and evinced the same energy and decision which characterized him through life. At this time he acquired a fondness for agricultural pursuits, an employment which he continued with much gratification, until his removal to this place. What his early education was, I am not informed, though it is known that he pursued the study of the languages and of mathematics for a period, most probably a short one.

His professional instructer was Dr. Albigense Waldo, a surgeon of considerable reputation, who had acquired most of what he knew of the art by his practice in the army. Dr. Hubbard, however, derived the greater part of his knowledge from the diligent study of the best medical books, and from his own observation. He was a most diligent student, not only when preparing for his profession, but during his whole life. His library was a valuable one, especially in works on surgery, and his habit was to spend a portion of every day, even when engaged in a most laborious practice, in availing himself of the knowledge which it afforded. I have often heard him remark, that the physician who neglected his books would lose more by forgetfulness, than he would acquire by observation, and would be less skilful in his profession at fifty, than he was at thirty years of age. His written lectures bear the strongest marks of his great industry. He obviously revised with care every subject, each successive year, and at each revision added, in the form of notes and interlineations, the result of his reading and observation. This course of diligent study, aided by a strongly retentive memory, stored his mind with the most valuable information. I know not the man whose knowledge of the best practice of the best surgeons is more intimate and exact.

Having prepared himself for his profession, he commenced the practice of it upon the death of his preceptor, Dr. Waldo, in the year 1795, before he was twenty years of age. He met with opposition at first, on account of his attempting to unite the practice of physic with that of surgery. It seems to have been the custom of that part of the country, as it had been extensively elsewhere, for the surgeon to confine himself to that branch only, and to call in the aid of a physician when it was thought necessary. This plan Dr. Hubbard always reprobated, believing that the union of the two professions in the same person was better suited to the wants especially of a scattered population. Whatever opposition there was, seems soon to have subsided. His practice became extensive and very laborious, reaching not only all the eastern parts of the State, but also the bordering towns of Rhode Island and Massachusetts. There is the fullest proof of the success of his practice, especially in surgery. His qualifications as a surgeon were of a high order. Though not early instructed in anatomy, he was in the constant habit of dissection, and thus gained the requisite anatomical knowledge. He was prompt and decisive in forming an opinion of the cases which were presented to him, and equally so in advising and performing such operations as he deemed necessary. His vigorous and well-trained intellect, enlightened by long experience, grasped the strong points of a case, both as they were at the time, and as they would become if neglected. He always advocated an early resort to surgical operations, not timidly and hesitatingly waiting until its necessity might be more obvious, at the expense of the health and perhaps the life of the patient. In operating, he was cool, deliberate and collected.

The same promptness and energy which marked his character as a surgeon, controlled his practice as a physician. Employing but few remedies, and those of an active kind, he was thoroughly acquainted with their effects, and used them with great judgment and skill. He had great confidence in the remedial power of active medication. The object at which he aimed was to break up disease in its forming stage, or to control it by agents stronger than itself. This trust in the power of remedies he was in the habit of expressing strongly to his patients, and thereby secured that confidence on their part, which is so efficient an aid to the physician in the cure of diseases.

His energy and promptness sometimes gave a degree of peremptoriness to his manner, which, if unattempered by kindness, might have been unpleasant. This was seen, however, to be prompted by the desire to enforce a strict observance of that course of treatment which he knew was for the benefit of the patient, and as such was duly appreciated.

In his intercourse with his patients, he was frank and undisguised, and entirely above those little tricks and concealments which indicate a weak or dishonorable mind. The same frankness also marked his conduct towards his professional brethren, and all others with whom he associated. The free expression of opinions uprightly formed, he believed to be the right and the duty of an honest man; a right which he claimed for himself, and to the exercise of which by others he was unusually tolerant.

During the thirty-four years which Dr. Hubbard spent in Pomfret, his time was fully employed in the faithful discharge of his professional duties, as well as those which devolved upon him as a good citizen, and a kind and upright man.

He was several times chosen Representative and once Senator in the Legislature of the State. He was also appointed President of the Connecticut Medical Society, and held the office until he declined a re-election. He was active in the promotion of such institutions as were designed for the benefit of the afflicted. The Asylum for the Deaf and Dumb, the Retreat for the Insane, and the State Hospital, each in its turn received his efficient aid. In the last year of his life he was active, under the authority of the Legislature, in procuring information, and in devising plans preparatory to the establishment of a hospital for the insane poor. The fatigue and exposure, while on a journey connected with this object, appeared to excite the disease which terminated his life.

In the year 1829, Dr. Hubbard removed from Pomfret to this place, and assumed the duties of professor of surgery in this institution, and for nine years he performed these duties with great zeal, industry and success. As an instructer he was plain, simple, straight-forward, abounding in correct principles and illustrative facts, without any attempt at the niceties of style or the graces of manner. Unbewildered himself by theoretical discussions, he spent no time in making theories of his own, or in marring those of others. His remark was, that if young men were desirous of theories, they could find enough of them in the books, and that his business was to teach them, by facts, how to distinguish and cure diseases. Possessing a memory wonderfully retentive, he embodied the accumulated facts and the rich experience of his professional life in the course of his instructions, thus giving them authority and force. His lectures were highly useful, and deservedly acceptable.

His life while here was one of usefulness and honorable exertion. Assiduous and kind in his attendance on the sick, punctual to all his engagements, resigned under many afflictions, cheerful and instructive in his conversation, affectionate to his family and familiar friends, and just to all men, he gained the respect and confidence of the wise and the good. Dr. Hubbard was through life an upright and a virtuous man. During the last years of his life, he thought much upon religious subjects, and his reflections, as we have reason to believe, under the divine guidance, led him to embrace the truth and the faith of the gospel. This faith he professed by joining himself to the communion of the Episcopal Church in this city.

He died June 18, 1838, of a disease of the stomach and bowels, of which he had previously suffered several severe attacks.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, APRIL 24, 1839.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Part II. of Vol. IV. for 1839, by the politeness of some unknown correspondent, has been received. It is extremely gratifying to perceive the harmonious and energetic vigilance of this Society, spread over an extent of territory equal to some of the kingdoms of Europe. The annual meeting was held at Albany on the 5th of February. Laurens Hull, M.D., was elected President; Sumner Ely, M.D., Vice President; Peter Van Olinda, M.D., Secretary; and Platt Williams, M.D., Treasurer. It was resolved that the prize question of last year be continued, and considered as offered for next season; and the prize question for 1840 is, "The diseases of the spinal column, their causes, diagnosis, history, and best method of treatment"—for which $100 is offered for the best dissertation. A resolution was submitted by the Rennselaer Subordinate Association, stating it as their opinion that the present term of study was too short, and requesting that the subject might be brought before the Legislature, praying for the extension of the term of study one year. Another resolution was, that the increase of medical schools in the State was not inconsistent with the true interests of the profession, provided they are placed under proper restrictions and responsibilities—which evidences a spirit of liberality highly creditable to the Society.

The president's address on *quackery*, is a short paper. Another paper on suicide and its increase, at the present day, translated from the German of Professor Casper, of Berlin, by Dr. H. B. Webster, will be read with mingled feelings of surprise and interest. Statistics of the Medical Colleges of the United States, by T. Romeyn Beck, M.D., has all of that accuracy of detail, and, consequently, weight of authority, which distinguish that gentleman's writings—and which have given him a distinction as wide as the boundaries of the English language.

There is one single fault which we cannot refrain from pointing out, that savors of a certain degree of illiberality which could hardly be expected in a body of scientific men, so generous in every other respect. "No person coming from another State or country, shall practice physic or surgery in this State until he shall have been examined and licensed by the Censors of the State Medical Society." Now it strikes us that a diploma from any of the medical colleges, universities or medical societies of other States, should be received as unquestionable evidence of the qualifications of an emigrant physician.

It was proposed that a medical convention should be held the first Tuesday in May, 1840, in the city of Philadelphia, to consist of three delegates from each State Medical Society, and one from each regularly constituted medical school in the United States—which we shall probably refer to hereafter.

The manner in which the county societies are organized is certainly an admirable system, that might be copied to advantage in other States. Finally, we are desirous of expressing the pleasure we have derived from a perusal of these transactions.

Transylvania Medical School.—A gentleman for whom we entertain the most perfect respect—though we have never had the pleasure of a personal acquaintance—writes us from Philadelphia that a paragraph inserted in the Journal a short time since, respecting the above-mentioned school, copied from a western paper, was calculated to injure the reputation of the institution; "but had you stated," he says, "the name of the paper in which it originated, no injury could be done by the article, among those who know the state of the policy existing in the minds of the editor of that paper, and those who write for it. The article was from the Louisville Journal, and justice demands that you should, in a short paragraph, state that fact in your next number. That will be sufficient to avert its injurious tendency." Nothing gives us more satisfaction than to remove false impressions; and our correspondent, if he is as just and impartial as we intend to be in all that relates to medical science and the prosperity of medical schools in the United States, must have discovered that we firmly vindicated the character of the Transylvania Medical College, in the same article, against the insinuations of an enemy. We do not hesitate to declare, most frankly, that so far from being on the decline, there is every indication of increasing usefulness and vigor in that oldest medical school of the West. The splendid endowment of the city of Lexingten, just made, of $45,000 for the purpose of increasing the already large library, apparatus and museum, and for raising a new edifice, gives it a power of which its friends may be proud, and its enemies alarmed at. There is nothing like a sickly condition in all these energetic movements. Dr. Robert Peter, one of the professors, favorably known to men of science everywhere, is now on his way to Europe on the business of the college. These facts are presented to the professional public with peculiar pleasure, and it is sufficient, we trust, to exonerate us from any implication of having felt the remotest degree of hostility towards the Transylvania institution.

New York Quarterly Journal of Medicine and Surgery.—A prospectus of a new periodical, in the city of New York, with the foregoing title, has been received, from an anonymous source. We profess the most hearty good will towards the enterprise, but protest against the imposition of being taxed eighteen cents postage for the prospectus. If it had been a document of any value, a word of complaint would not have been uttered; but to compel us to pay for a piece of intelligence that arrives by the mail, day after day, is abominable. We are continually paying out for duplicate papers, pamphlets, circulars, notices of subscribers' removal, &c., far more than we are actually able to bear.

Having vented this amount of spleen, we respectfully present the claims of the new quarterly to the profession of the United States. Unfortunately for its first set-off, it is minus the name of an editor. Should it prove in the sequel that Dr. Doane controls its destiny, it will probably flourish, because he is a man of industry. George Adlard, 168 Broadway, is the publisher.

The prospectus says—"The contents of the Journal will be, for the most part, original: consisting of memoirs, essays, cases, and other communications that are, from time to time, read before the medical societies of this city; of similar articles from other sources; of the minutes of said societies, when of sufficient importance to be made public; and of lectures and occasional discourses. A portion of the work will be appropriated to biographical notices, and to important medical intelligence; but it shall in no wise be so burthened with extracts from other publications, as to endanger its distinctive character; it shall continue independent of our medical colleges, and above all party and sectional influence. The Journal will be issued quarterly, commencing on the first of July next. Each number will contain 240 pages, forming two volumes annually. The subscription price will be five dollars a year, payable always in advance."

Speaking of journals—what has become of the magnificent scheme for a New York Lancet with its 800 advance-paying subscribers?—If the medical associations in the city of New York really desire the prosperity of the quarterly, as professed in the circular, the editor of the late Medical Examiner should be at once secured. A man of vigorous movements, always animated, and always just and impartial in his intentions, must have the helm, or the whole concern will be in ruin before 1840. If there is more than one editor it will prove a sinking ship. There cannot be two masters on board the same vessel in joint command.

University of Pennsylvania.—The medical class in this institution for the session of 1838–9, numbered *four hundred and two* students.

At a public commencement, held April 5th, 1839, the degree of Doctor of Medicine was conferred by the Rev. Provost, John Ludlow, M.D., on *one hundred and forty-six* gentlemen. An eloquent and impressive charge was delivered by Professor Chapman.—*Medical Examiner.*

Blue Pill.—Sir,—Can you, or any of your correspondents, tell why the preparation called "blue pill," is so often preferred to calomel? Is it not an unscientific preparation, and therefore one which ought to be discarded in practice? So far as my experience extends, I am not aware that it possesses any advantages over calomel, for I confess I cannot tell wherein their operations differ. If it possesses any advantages as a remedial agent, it ought to be employed; if not, the one most convenient would commend itself to all. Juvenis.

Medical Miscellany.—Mr. Combe has completed another course of lectures at Philadelphia.—Mr. Fowler, the phrenologist, took a cast of the head of a boy, in Boston, last week, only nine years of age, which measured *twenty-five* inches in circumference—exceeding the average of adult craniums by about two inches.—Mr. Combe is now giving a second course of his invaluable lectures on phrenology and moral philosophy, at New York.—Dr. Isaac P. Vaughan, charged with the murder of Walter H. Pleasants, at Richmond, Virginia, has been acquitted.—Professor N. C. Kamper died at Amsterdam, on the 15th of March.—Joseph Benton, a revolutionary soldier, in the 108th year of his age, recently received a pension for past services.—Dr. Buisson, of Paris, is said to have discovered an antidote for hydrophobia—which consists of a vapor bath, heated to 126 degrees of Fahr.—No. 7 of the Phrenological Journal has been enlarged 16 pages—an excellent and cheap periodical, being $2 per annum.—Dr. J. B. Gale, of Amesbury, Mass., has invented a new and admirable tooth key, called the compound tooth instrument, a beautiful piece of workmanship—a specimen of which may be seen by calling on the editor. A distinct paper will be devoted to this invention as soon as there is room in these pages. A specimen may also be seen at Metcalf's, Tremont Row, where it is soon to be on sale.

To Correspondents.—Dr. Comstock's valuable essay on Scarlet Fever will be reserved for the first No. in May, in which it will be commenced. Other papers are on hand.

Died,—In Leicester, Mass., T. Mather Clapp, a medical student, 19.—In Madrid, Mo., Dr. Morgan.—In Social Circle, Geo., Dr. David Day.—At Philadelphia, Edward Gardner Davis, M.D., son of the late Jonathan Davis, Esq., of Boston. He was a graduate at Harvard University, in the Class 1820. While he had a mind capable of grasping the most abstruse problem of the exact sciences, he was an excellent linguist and a finished belles-lettres scholar. Amiable in disposition, and modest and unassuming in manners, he won the esteem and respect of his classmates, and of all others with whom he was associated. For several years past he has been engaged in practice, as a physician, in Philadelphia.

Whole number of deaths in Boston for the week ending April 20, 24. Males, 10—females, 14.

Of consumption, 4—rheumatic fever, 1—inflammation of the lungs, 1—casualty, 1—scarlet fever, 7—lung fever, 3—disease of the heart, 2—debility, 1—dropsy on the brain, 1—insanity, 1—paralysis, 1—hooping cough, 1—stillborn, 1.

NOTICE.

A physician in Grafton Co., N. H., of fifteen years' experience, wishes to exchange residence, to make collections and better his family. Undoubted reference as to character and professional merit can be had at this office. Partnership with a person wishing to retire from the laborious duties of the profession would be acceptable. A 24.—eop6w

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DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess D'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafield, Professor Francis U. Johnston, President County Medical Society; Laurens Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins. Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,
Office 4 Vesey Street, Astor House, New York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $10. Feb. 13—6m

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PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

TO PHYSICIANS.

A physician, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is as eligible for a physician as can be found in the State. For particulars, inquire at this office.

A. 10—5t*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XX. Wednesday, May 1, 1839. No. 12.

ON SCARLET FEVER.

BY JOSEPH COMSTOCK, M.D., LEBANON, CT.

[Communicated for the Boston Medical and Surgical Journal.]

Scarlet Fever has many congeries; and if, as our most eminent authors decide, its different titles all point to the same disease, a reference to some of its different names may serve to shed light upon its real or supposed character. Thus we have *scarlatina anginosa, purple fever, angina maligna, angina ulcerosa, cynanche maligna, putrid quinsy, canker rattles, canker rash, putrid sore throat, rosalia*, and some others.

Dr. Miner observes, that "It is usually easy to see *generic* resemblances; but it often requires the most exact discrimination to detect *specific* differences."

Scarlatina occurs with vomiting, a very quick pulse, high fever, extremely hot skin, delirium, thirst, sore throat, scarlet efflorescence, and swelled tonsils. There is not always, with us, a four days' illness preceding the eruption, as foreign writers teach; for in less than *three* days children sometimes die, having had them all, and this without the least previous indisposition. It occurs (that is, the fever) without the usual efflorescence, in scarlet, crimson, or rose-blush patches. There are, in other cases, neither points nor patches, but only a general uniform redness, which is most apparent on the face. It then resembles a deep-red, or crimson blush, only it is not evanescent.

The fever may occur, as often happens, without any noticeable, or at least remarkable, change on the surface; and with a throat, mouth, tongue, or ear affection only, one or all—the tongue being sometimes so swollen that infants cannot draw the mother's breast. The coat thereon is white, yellow or brown. The efflorescence, in other cases, takes place with very little, if any, soreness of the throat or mouth, or swelling internal or external, except a general and uniform bloating of the whole body. In this form we may look for the eyes to be watery, bloodshot, and impatient of light. Such affections of the eyes may, however, occur in all the forms of the malady. But this is the form that usually has the greatest desquamation of the cuticle during recovery. Perhaps, on the whole, the disease appears more frequently in *red patches* than in *red points*. In *red points* we have the hottest skin, but in *red patches* we may expect more of canker.*

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* *Canker.*—We choose to retain this term—by which is meant eroding and extremely tender little ulcers, without any tumor—often tending rapidly to sphacelus—always looking serous, seldom bloody

The fauces are usually redder than natural, but not uniformly so, for in some cases they are paler than in health. When pale there is a bloated appearance of the parts, denoting an erysipelatous inflammation rather than that of phlogosis—a state threatening mortification rather than suppuration. External swelling of the glands of the neck, ending in suppuration, is, however, not unfrequent. A physician in a distant town, with whom I was lately in consultation, gave me the history of a case in which suppuration, canker, or sphacelus, or all united, had so destroyed the parts, that a hole was formed quite through his little patient's neck, so that food and drinks came out at the orifice. From the cavity of the ear matter sometimes passes by way of the Eustachian tube into the fauces, and thence into the stomach, causing sickness, vomiting, and loss of appetite. Such a case fell under my notice lately. In such cases there is also a discharge from the ear externally.

This disease evinces its relation to croup, quinsy, and other throat affections, by the excessive torpor of the stomach, which is sometimes so great that the very largest doses of emetics fail to produce vomiting. When croup follows scarlet fever, it is in some parts of the country called *canker rattles*—rattles being the popular name for croup. In bad cases a claret or mahogany color of the abdominal and hypogastric regions will be found to exist, when not to be elsewhere seen. As this portentous hue is thus sometimes local, it can only be ascertained by inspection. The penis of boys is purple and swollen in such instances. In one respect scarlet fever, when pure and uncomplicated, shows a dissimilarity to croup and other complaints of the respiratory organs, by the freedom and easiness of breathing, which is sometimes unaffected even in the whole stages of the very worst cases.

One phenomenon of dangerous disease, is a brain affection, denoted by stupor, and a constant disposition to sleep; although the patient is easily aroused, he directly gets to sleep again, and continues to sleep quietly, and to breathe easily, sometimes to the last. This is directly different from croup, and is the more striking because croup sometimes succeeds canker rash.

The stools, when the disease is malignant, are black, and sometimes more intensely so than in any other disease whatever. I have known black vomiting in one or two cases only. Clots of blood are found in the dejections, in cases of internal hemorrhage—so black, indeed, as not to be known without breaking them. It is a popular opinion, and not entirely unfounded, that calomel colors the stools black. But I have known them black before that or any other medicine had been given—of which I had a proof lately in a child.

Pain in one or both of the ears is not uncommon. Nor is it unusual for one or both of them to suppurate, and to discharge after recovery, and to prove a great annoyance, as well as to be difficult to heal. Deafness is from hence to be feared.

Blood sometimes issues from the nose, mouth and bowels, but is not always fatal. It occurs only in protracted cases. In one case of three

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or black, but often ash colored. They are seated in the mouth or throat, or both, at first, and afterwards erode other parts, external and internal.

weeks' continuance, and when professional visits were discontinued, and the patient apparently out of danger, this kind of hemorrhage occurred. We saw the blood, of a scarlet color, trickling down the upper lip from both nostrils at once. It was thin, and like bloody water as to consistence. Its intense scarlet hue showed it to be of arterial origin ; and the patient's pulse, which had been, in the acute stage of the disease, scarcely to be felt, was now full and active. This patient was a boy eleven years of age. His nose had leaked, and coagula formed in his nostrils, for several days preceding. The day before, the skin over the left nostril was swollen and of a *blue-black* color. It regained, however, its natural hue, the swelling went off, and the bleeding was checked.

A bloated state of the abdominal and hypogastric regions, without discoloration, with an inappetency to urine, or temporary ischuria, are symptoms which we have sometimes to combat.

Prognostics.—The brain affection, the tendency to mortification, the dissolution of the crasis of the blood, and the extensive disorganization in and about the mouth and throat by canker, form the sombre shades of the malady. Either of these may end fatally, or the whole in combination. The fever itself, although hotter than any other, does not of itself produce death. It always abates before that event, if it is to take place. And if the disease proves fatal in its acute stage, as on the third day, it is by mortification. We have known one instance of this, in which the abdominal region became, after dissolution, as spotted as a leopard.

From the high authority of Dr. Dewees we learn that the patient, in all forms of the disease, is out of danger on the *ninth* day. But this is by no means uniformly the case. Canker continues to erode, to destroy digestion, and to impair the appetite, for a number of weeks, in some cases, after the other symptoms abate—inducing marasmus and hectic from the absorption of purulent matter; and we have known a dangerous hemorrhage to commence at the end of five or six weeks. This period, therefore, can only relate to the acute stage. Picking the bed-clothes, and a low muttering delirium, are not signs of such great and immediate danger as in other fevers. Extreme irritability, peevishness, termed by nurses *crossness*, and from which they infer recovery, will not be found to apply thus favorably in canker rash. It is a part of the disease, as a delusive hope of recovery is of consumption.

When the brain affection is not complicated with hydrocephalus, the patient may die with no apparent suffering, with easy respiration, without tossing or distortion, and as though in a sweet sleep. A medical gentleman, who stands high in his profession, informed me that out of *two hundred cases* he had lost *twelve,* and that all his fatal cases were with an affection of the brain. A mahogany color of the whole surface, or of the abdomen only, indicates imminent danger.

Relapses are more frequent, as well as more dangerous, in this than in any other disease. Sudden death sometimes occurs after the sick have so far recovered as to walk about, and even to go out. Such instances, however, are not very common, and mostly happen in adults, who are far less liable to the disease than children. Apoplexy may be the cause. The acrimony of the fluids renders the bloodvessels very tender, so that extravasation may easily take place on the brain, and thus produce it. This consideration should render convalescents cautious of much exercise, until health is restored. We heard of a man who died in his garden. Attacks, sometimes apparently very serious, with a pulse of 120 in a minute, may end favorably and speedily in health. Such is the various and eccentric nature of the disease ; so that much caution is requisite in promulgating a prognosis either of a severe disease, of danger, or of recovery. This exercise of caution should be *particular* as well as *general*—thus, although puking is a common symptom at the onset, yet it is absent in mild and in unusually severe attacks. As it is the mark of an attempt of the stomach—the centre of the system—to throw off the prostrating causes of the disease, in mild cases the vital energies are not sufficiently aroused to produce it, whilst in cases of the utmost severity they are sunk below reaction. As the abdominal muscles contribute almost entirely to the action of vomiting, these we have known, seemingly, struck with sphacelus at the first seizure. Hence the absence of the common symptom of vomiting in such malignant cases. In proof of these views, the experienced practitioner will recollect that when there is vomiting, there is often nothing apparently offensive in the contents of the stomach, either as to quality or quantity. It is a symptom of systematic, and not of local disorder.

Canker and partial sphacelus are wont to produce extensive sloughing and purulent discharges. Hence hectic ; puking, when the discharge is swallowed, and emaciation—all in the protracted stages of illness, and none of which can be certainly foreseen in its early stages. In this connection we may again mention hemorrhage.

The black alvine discharges, as well as claret color, which begins in the living body about the abdomen, as putrefaction does in the dead body, show the putrid tendency of canker rash. And the eye must be fixed on these phenomena in the prognosis and in the treatment.

Dropsy succeeding canker rash is not usually dangerous, unless it be dropsy of the head. When the stools are natural, and properly tinged with bile of normal quantity and color, the ground of a favorable prognosis is well established. When the efflorescence is excessive, so as to completely cover every pin point of the surface, accompanied with general intumescence, the prognosis is unfavorable. Such a case we have seen the present season.

The canker sometimes produces extensive mischief in the cellular substance, which it destroys, leaving the skin and muscles detached from each other. In one case which I saw the present season, the cavity thus formed held a syringe full of injection. A hole was eaten, or sphacelated, quite through the skin, which would admit the end of the finger. This orifice and sloughing were not exactly over the glands, but higher up on the neck, in the region of the left ear ; whilst another hole, through or between the muscles, appeared to extend into the internal cavity, and the matter there formed to pass through the Eustachian tube into the mouth, thence into the stomach, and thus to cause frequent turns of puking. The glands of the right side were in a state of suppuration, and matter occasionally issuing, externally, from both ears. This was the state of the patient, a girl of five years old, when I was called twenty miles to a consultation on her case. Although she was said to have been a healthy, plump child, her emaciation was extreme. She talked much, but from the erosion of the parts, it was extremely difficult to understand a word she said. She had been bled from the arm about five weeks before ; but the orifice never had healed, the cellular substance around it was destroyed, leaving the skin and flesh, in the bend of the arm, detached from each other, and purulent matter was issuing from the puncture. Her pulse was quick, she was hectical from absorption, and a portentous flush visited her cheeks.

Scarlatina does not uniformly follow the laws of other epidemics, which are most severe in the first cases. It, on the contrary, sometimes appears to increase in malignity as it progresses.

One sequel of the disorder is a stiffness of the muscles about the joints. A boy, after the subsidence of the acute stage, could not walk, from a stiffness of his knees, nor look at the sun, from a stiffness of his neck. In this case, the matter which in others discharges itself by suppuration, fell on the joints, causing immobility. He was in this state when I first saw him, another of the profession having previously attended. A course of iodine restored the use of his lower limbs, aided by blisters and diuretics, speedily. But it was long before his neck was cured. The cure, however, in the end, was complete. Iodine was used externally in ointment, and internally in tincture.

It is probable that black feces and brain affections are more common in some seasons and localities than in others, they not having been particularly noticed by writers in general, nor formerly frequently seen by myself. But in my late practice I have been particularly impressed with these morbid phenomena. It is not very common for black feces to pass off spontaneously. I was once called to a gentleman, who sent for me for this cause alone. But he had no indisposition. A case of black diarrhœa, in a child, happened the present season, and appeared to cure the approaching canker rash in its incipient stage. Blisters sometimes put on very alarming appearances, being visited by canker, turning black, and threatening mortification. I have noticed in them, also, that phenomenon which we sometimes observe in very bad cases of anthrax, the pores appearing as though they were stuffed with *suet.* It denotes a very unfavorable state of the solids.

Canker rash is one of the most stationary, as well as the most eccentric, of all epidemics. It is said to have prevailed in New York for 20 years, viz., from 1780 to 1800. It is now nine years since I saw it in Brooklyn. It was then, also, prevalent in New York, and in both these cities has been, I believe, uninterruptedly present ever since.

Fever seems to be that part of the disease, which it, in none of its forms, can exist without. Its intensity varies with the degree of affection of the skin, the mouth, the tonsils, the glands of the neck, and the alimentary canal. Its seat appears more particularly to be in and about the ganglionic nerves, which concentrate in the precordia and epigastrium. Here is its primary location. Hence nausea and vomiting.

The intimate connection existing betwixt the alvine canal and the skin is next shown by eruption. This connection is further evinced by the decline of the canker, the diminution of the swelled tonsils, glands of the neck, and efflorescence, with the fever. But a sudden retrocession of the eruption may increase the fever, and requires remedies to reproduce it, or the patient may be lost. It denotes an alarming state of general debility—a loss of energy in the solids, as also a dissolution of the crasis of the blood. A gentleman, formerly a near neighbor, informed me that the disease was once in his family. A little daughter had it, with a swelling of considerable size on one side of her neck. She was attended by a physician who never had much reputation. He lanced this swelling, as the father supposed, prematurely; it bled, and the hemorrhage never could be stopped. The child bled to death. I was lately informed of a case in which the patient was bled from the arm. The orifice showed no disposition to heal, but formed a sinous suppurating ulcer, running along the hollow of the vein. Although bleeding and blisters cannot be entirely dispensed with in all cases, we have facts enough now before us to teach us apprehension and caution in their use.

Eruptive fevers, according to John Hunter, prove the medical attempts of nature to rid itself of morbid matters, as does sweating. It is a popular opinion that there is a concealed rash when the sick do not break out. This idea, if erroneous, is generally void of harm. Saffron tea is used by families to throw out the eruption, which does no hurt; it does not interfere with more appropriate remedies. A secondary eruption, sparse, and resembling chickenpox, only that the pock is larger, sometimes occurs, as does a slight secondary fever. These do not appear until the specific disease has ceased, or is fast declining. I think that I have noticed chilly fits more frequently in the course of the disease, than at its first commencement, at which time they are seldom mentioned.

(To be continued.)

SARATOGA WATERS.—NO. III.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In my last communication I attempted to show that the saline springs of this place are not only aperient, diuretic and deobstruent, but *tonic*. From an extended and careful examination of the treatment adopted at the various watering places in Europe and our country, I have not met with one spring, except such as are simply sulphureous, that does not prove injurious to invalids laboring under inflammation or plethora. As this is a point of great consequence to those gentlemen who are sending their "forlorn cases" to these fountains, allow me to be somewhat more explicit on this topic.

Before my settling here, I had been many years prescribing Congress water in bottles to my patients, as a pleasant aperient, deobstruent and diuretic. Its bracing effects I never suspected. In conversation with a professional brother in Hartford, just before leaving, who has a wide and respectable practice, and who is daily prescribing Congress water, he seemed almost to have forgotten whether there was any iron in the article or not. And there can be no doubt there are many physicians in our country who are in the practice of directing this excellent and efficient remedy without remembering, and perhaps without having seen, its analysis, or suspecting its bracing qualities. But, were these gentlemen posted here and obliged to watch the daily effects of this beverage, when taken liberally from the fountains, on the pulse, color, tone, and movements of the system ; and to witness the unequivocal aggravation of local, inflammatory affections when not counteracted by appropriate remedies, they would appreciate the anxiety felt by the writer of these remarks that the profession, generally, should understand the exact state of the case, and give their patients the proper directions and preparation when leaving their homes for Saratoga Springs.

Do not understand me to say that all need depletion before they come, or while here. Far from it. There are very many who come with soft, slow pulse, pale countenance, and freedom from inflammatory tendencies, whom the saline springs exactly suit without any previous or accompanying medication. Crowds of such come and go annually, rejoicing in their visit to these fountains. There are others, too, of so cold and torpid a habit that they need warming and acrid remedies as auxiliaries to the water ; and there are some with such exquisitely irritable nerves as to require—not depletory measures—but anodynes, such as a pill every 4 hours of extract of hyosciamus, carbonate of ammonia and camphor. I have been pleased to see how visitants of this character, whose bowels had been thrown into great pain and distension by a few tumblers taken in the morning, could be made to bear full and effectual doses of the water by the addition of such a sedative as the one above mentioned. Such patients, when accommodated with the proper, qualifying agents, receive the legitimate benefit of the waters like those who need remedies of an opposite character, or who need nothing at all.

But where one needs stimulants and anodynes, many need a depleting course to enable them to reap the full benefit of the remedy obtained here. For, just consider the wide difference between a patient who brings a calm circulation, soft pulse, pale tongue and lips, and exemption from local obstructions, and one who is florid, full, hot, with white fur on the tongue, hard, wirey pulse, and all those symptoms founded on a sanguine temperament and sub-acute or chronic local inflammation. Cases of *apoplexy* were sent here last season, with full, hard pulse, florid complexion and numbness of the limbs, to partake of these invigorating waters. Yet there were some such invalids who reaped the usual benefit from the waters, by being put upon a simultaneous course of depletion. Without this they would have gone home injured ; with it, they decidedly convalesced. *Palsy* generally required similar medication. *Chronic disease of the liver* was frequently aggravated by the water, till reducing measures were combined, when recovery proved to be as easy as in other cases. And there were a number of cases of disease in the *respiratory apparatus*, where the waters operated admirably when accompanied with antiphlogistic remedies. I do not entertain a doubt that there are many diseases of the lungs, particularly such as are sympathetic, that would receive decided benefit from these waters, provided the pulse be kept soft, and the system *below* the healthy standard of action.

An unexpected proportion of *secondary syphilis* and *gonorrhœa* came with entonic symptoms, and could not bear the use of the mineral water till properly prepared. *Local pains and tenderness in the abdomen* often needed the same qualifications by medicine. The same was true of many *female complaints.* But I observed no set of invalids so often injured by their resort to these fountains as the *rheumatic.* This remark may appear strange to the physicians most acquainted with the Saratoga waters, and who have known how many of this class go away in a rapid progress to health. But it is nevertheless true that no small number of this numerous class, by drinking and bathing, without proper reduction, do retire positively injured. And there is no enigma in the case. One rheumatic invalid has long been afflicted till all inflammatory tendencies are worn out. His joints are stiff, and he feels the regular augmentation of his troubles from a cold, north-east storm. But he is thin, pale, feeble, and his pulse is uniformly soft and slow. Indeed, before coming here he has been proved to bear stimulants without any disturbance of the arterial system. Such cases, whether chronic rheumatism, sciatica, or lumbago, will find most decided relief from drinking and bathing. But if the disease be recent, accompanied with heat, swelling and pain of joints, aggravated by warm applications and motion, a white tongue and hard pulse, the most direct and positive injury must result from the potations and hot bathing, unless the system be brought *below* the grade of inordinate action. This is not true of Congress water only, but applies to compound tincture of guaiac. and all stimulating, anti-rheumatic remedies. Did the patience of your readers permit, I could insert many authorities on hand from watering places and bathing establishments to confirm the accuracy of my own observations.

But I must close. I have said enough to awaken the attention of my medical brethren ; and I beg they will have the goodness to furnish their patients who resort hither, not only with the proper directions, but the proper preparation. It is a matter of plain common sense that there is no *efficient* medicine that is not liable to do hurt as well as good. May I not hope, then, that a more considerate attention to the *true nature* of these natural remedies, on the part of the faculty, may be instrumental in more widely diffusing relief from pain and suffering, and enhancing the beneficial agency of these valuable fountains ?

Respectfully, yours,
Saratoga Springs, April 14, 1839. M. L. North.

[The 4th and last No. next week.]

THEA VIRIDIS IN BURNS AND SCALDS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Thinking that, perhaps, not all of your numerous readers are acquainted with the efficacy of green tea in the cure of burns and scalds, I present you with this short paper on the subject, and you are at liberty to lay it on or under the table, at your pleasure—although I should like to have the remedy generally known, if it is not already.

It is about three years since I first applied this article in these cases; but in this short time I have had repeated opportunities of testing its virtues. The first case in which I employed it was that of a child, three years old, whose clothes were literally burnt off from it. It was cured by this article alone, and notwithstanding large portions of not only integument but muscle also, sloughed out, the cavities were soon filled with healthy granulations, and the cicatrices formed a smooth surface. Since that time I have treated other cases, of more or less severity, in the same manner, and with similar success. Treated in this way the inflammation soon subsides, and the healing process is astonishingly rapid. It is always necessary to keep the bowels sufficiently open with some cooling laxative, as crem. tart., or sulph. magnes.

Any of the green teas may be used. It is to be moistened with warm water to render it soft, and applied in the form of a cataplasm. Perhaps it may be more conveniently employed by forming it into a cataplasm with Indian meal. When the burn or scald is in a situation that renders this form impracticable, the injured parts may be kept constantly moistened with a very strong infusion. I should suppose the extract would be an elegant form in which it might be employed.

Respectfully, yours,

Unionville, Mass., April 16, 1839. E. G. Wheeler.

NEW METHOD OF FILLING DECAYED TEETH.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—If the following account should be deemed likely to afford a hint to any of your readers, professional or non-professional, you are at liberty to insert it in your Journal.

I am acquainted with a lady, about the age of 35, whose decayed teeth are *filled with pine;* and it answers a very good purpose. The following is her story, as I had it from her own lips—and she is a person of the most undoubted veracity.

About four years ago, having heard of the process of filling teeth with gold, and the objects it was intended to accomplish, and having several which were rapidly wasting away, the thought struck her that she would try a process which was less expensive. Her first step was to ascertain the exact shape and size of some of the decayed places in her teeth; which she did by filling them first with soft bread or dough, and then carefully removing it. When this had been done, she cut out small pieces of pine wood of the same size and shape with the dough, and pressed them into the cavities. By imbibing moisture, the pieces of wood, of course, became enlarged, and remained in their place, and the decay ceased.

I examined her teeth about a month since, and found the pine as firmly fixed in their cavities as if it had been inserted but the day before, and answering every purpose, for the time, so far as I know, of pure gold. Indeed, I have had several teeth filled, in the usual manner, by dentists who sustained a very high reputation; but I never have had a particle of the *filling* in my mouth after the lapse of four years, or even of three.

Dentists have long made use of wood, I believe, in *inserting* teeth, but the lady whom I have mentioned was wholly ignorant of the fact. The experiment was her own, purely; suggested by that necessity which has so often and so appropriately been styled the "mother of invention." Indeed, I am not aware that wooden plugs have ever been used, even by dentists, in the work of *filling* teeth. Yours, &c.

Boston, April 9, 1839. W. A. A.

ORTHOPEDIC INSTITUTION.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I wish to improve a small portion of your Journal, to invite the attention of the profession to the valuable institution above named, under the care of Dr. Brown, in our city, by the publication of a letter recently received from the father of one of those unfortunates, the objects of his sympathy and skill. I have had the pleasure of witnessing several cases of spinal distortion, hitherto regarded as hopeless, materially benefited at this institution, and the appalling deformity of club feet completely removed by a simple yet skilful operation, to which I feel bound to allude. Still, however, I will merely ask you to give publicity to the following brief communication, which I think will not only fix the attention of the profession upon the high claims of the conductor of this recent institution, but may be blessed to many sufferers who have yielded themselves to a hopeless abandonment of recovery.

Boston, April 8, 1839. Respectfully, &c.

E. W. Leach.

Conway, N. H., April 4, 1839.

Dear Sir,—You will recollect that I called on you a few weeks since, with my daughter, who was suffering under a complaint of the spine. You recommended me to the orthopedic institution of your city. I called on Dr. Jackson, who advised me to Dr. Brown, as the only prospect of relieving my daughter's sufferings. Not having an opportunity to see you, as I should have desired, I feel bound to address you to express my gratitude for your recommending me to this institution—and also to acquaint you with my entire satisfaction with the manner in which it is conducted. After a careful examination of the case of my daughter, Dr. B. advised me to remain a short time in Boston with her, which I did. We passed three weeks only in the city, and she is now three inches taller than when I placed her under his care. The day before we left Boston, she walked to the Navy Yard in Charlestown, and returned, with but comparatively little fatigue. I know not in what terms to express my gratitude for the benefit which has already been conferred, in a case which we considered hopeless, and for nine years has been growing worse and worse—and this in the brief period of three weeks. Had I time I should like to speak of the different cases of spinal affections which I saw treated; but I ask you to examine for yourself and for the afflicted who may apply to you for counsel. This institution is doing much good, and I feel that no individual testimony in its favor should be withheld. Grateful for the interest you manifested in my daughter's welfare, and that your advice has been blessed to her great relief, I am your obedient servant,

To E. W. Leach, M.D. B. H.

PHYSIOLOGICAL PHENOMENON.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I read in the present volume of your Journal, No. 6, the very interesting account of the "snake man" (R. H. Copeland), whose deformities and physical peculiarities are said to be "owing to a fright his mother received from a rattle snake attempting to bite her about the sixth month of pregnancy." Now if the account alluded to be true (and I confess I am credulous enough to believe it may be), it seems to prove the possibility, at least, that the imagination of the mother may exert an influence upon her fœtus in utero.

My first introduction to this subject, was with the anatomical and physiological reasoning of Dr. Dewees, which cried "delusion," and at the cheap rate of one half hour's reading, I felt myself amply qualified to echo "delusion." I accepted his theory, accompanied by such force and pathos of reasoning, with acclamation; "I should have been ashamed to do otherwise."

Now I am at a loss to make the facts of the case alluded to (if they be true), and of the one I am about to relate, which I know to be true, harmonize with what I had thought to be a "delusion."

Mrs. B., then of this town, now living in the adjoining town of T., while pregnant (I do not know at what month), received intelligence of the death of her brother, who died in the town of N. D. (15 or 20 miles distant), who was instantly killed in a mill, by the falling of a stick of timber, which struck him upon the back part of the head and shoulders, crushing in the whole posterior part of the head. Thus the messenger described the bloody wound to Mrs. B. who, I am informed, did not subsequently see her deceased brother.

When confined, Mrs. B. was attended by the late and much lamented Dr L., a highly respectable practitioner of this place, who delivered her of a stillborn child nearly or quite of ordinary size, features and limbs well developed, body straight and well formed; but it had one deformity—the occiput seemed crushed in, and to present a flat surface, as far as the vertex above, and laterally nearly as far as the ears. The head is drawn back, and rests down upon the shoulders; the whole back part of the head, and integuments of the spine, down to near the union of the last lumbar vertebra and sacrum, presents the appearance of one continuous clot of blood, gradually diminishing in thickness and width from above, to its termination, which is abrupt, and succeeded, apparently, by perfectly healthy and natural skin. Finally, the impression received and inference drawn by any one who sees the fœtus, would be, that it had received a very severe blow upon the back of the head, sufficient to crush in the whole occiput, and injure the integuments of the spine ; and as the blood issued from the head, and ran down the back, it coagulated in its course.

The above brief description (which has been elicited at this time, by the account of the "snake man"), is the appearance of the fœtus through the glass which contains it. But I propose, at some future period, to ascertain and report the true anatomical appearance of the head and back, and likewise every possible particular of interest, from the mother of the fœtus ; believing it to be a rare specimen of curiosity for the physiologist. J. F. HALL.

Wolfborough, N. H., April 15, 1839.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, MAY 1, 1839.

LEAD FOR FILLING TEETH.

A CORRESPONDENT in this day's Journal cites the value of wood, as a substitute for gold, in plugging carious teeth. However successful the experiment may have been in a single case, we apprehend that a serious objection would arise against an extensive and indiscriminate use of wood, on account of its imbibing the saliva, and ultimately becoming exceedingly offensive. We have been assured that lead is fully equal to gold, for filling diseased teeth, and by some thought even superior, on account of its perfect inelasticity. A lady, the wife of a physician about twenty miles from this city, had one or two teeth filled with lead, some eighteen years ago, which completely restored these organs to usefulness, and has preserved them to this time. Every pressure of an opposing tooth gives the filling more compactness, and the general effect of years is to drive the lead, if placed on the top of the tooth, into every part of the cavity. No bad effects on the health are said to be produced by it: indeed, the quantity is so small, that the billionth part of a grain could never be in solution at once. Lastly, economical considerations should and will have some considerable influence on those who are so unfortunate as to require this slight, though important operation. One of the principal apologies of the dentist for the expense of filling teeth, is the cost of the gold. Now if lead can be safely and savingly substituted, it will enable many to avail themselves of the advantages of the dental art, who are now too proud to acknowledge that they are kept from the manipulations of the dentist, solely on account of the apparent extravagance of his charges.

Singular Loss of Muscular Power.—A man has been walking the streets of Boston, lately, from the eastward, who has suffered such a perfect loss of contractile power in the posterior muscles of the neck, that he is wholly unable to hold up his head. Such is the sensation of weight, and so inconvenient is it to have it dangling, as it were, on the breast, wholly interfering with the use of the eyes or mouth, that a somewhat complicated machine has been invented expressly to remedy the case. An iron rod runs down the line of the spine, supported by straps from the hips upwards, encircling the body. Upon the top of the rod a broad band embraces the forehead, and thus the organs of vision are kept on a horizontal line—and thus the poor fellow threads his way over the city, hooped up almost like a cask.—How admirable, simple and symmetrical is the apparatus nature employs—snugly packed away on the back of the neck, which maintains the head in an upright condition far more perfectly than the clumsy contrivances of man, when his ingenuity has been taxed to its utmost.

New Medical Hall.—By the munificent appropriation of the City of Lexington, Ky., alluded to the other day, a splendid medical hall is to be forthwith erected for the exclusive use of the medical school. Also, without delay, an infirmary is to be raised, in which the clinical lectures will be delivered in future, and the operations of surgery performed, in presence of the class.

On the 11th of March the University of Transylvania conferred the degree of Doctor of Medicine on fifty-one graduates. Dr. J. Weisiger, of Danville, Ky.; Dr. Erasmus D. Pickett, of Maysville, Ky.; and Dr. Wm. R. Letcher, of Richmond, Virg., had conferred upon them the honorary degree of Doctor in Medicine.

Calomel and Rhubarb.—A correspondent in Connecticut wishes some one to solve the problem—" Why calomel and rhubarb, on being mixed, in a few weeks form a vermilion-colored compound." If such is the fact, it would be gratifying to ascertain whether the medicinal character of the two articles is entirely changed, so that the effect on the system would be different from what it would had the compound been given immediately after being mixed. Attention to this is respectfully solicited by those who are constantly dispensing their own medicines at the bed-side of the patient.

New Medical Appointment.—Applications will be received by the Mayor and Aldermen of Boston, till the 1st of June, from medical gentlemen desirous of obtaining the appointment of physician to the city's institutions at South Boston. The salary is fixed at $1200, together with house-rent and board—which makes it one of the most desirable medical-office situations in New England.

Dr. Miner's Address.—To our great gratification, a second edition of the excellent address of Dr. Miner has been published. It evidences a healthful condition of the public taste, when sound common sense finds a ready market.

Medical Society of Hartford.—The Hartford County Medical Meeting was held in the City of Hartford, Conn., on Thursday, the 11th day of April, 1839.

Dr. William S. Pierson, of Windsor, was chosen chairman, and Dr. G. O. Sumner, of Hartford, clerk, for the ensuing year.

Dr. Holt, of S. Glastenbury, one of the dissertators for the occasion, read a dissertation upon tetanus.. Remarks on the disease, comprising its pathology and treatment, were made by several gentlemen present.

Medical facts and observations were solicited of the members present.

Messrs. J. D. Wilcox, of Granby, and S. B. Beresford, of Hartford, were appointed to read dissertations at the next annual meeting.

The following gentlemen were chosen fellows to represent this County, in the State Medical Convention to be held in Hartford in May next, viz., Horatio Gridley, M.D., Amariah Brigham, M.D., Chauncey Brown, M.D., Augustus R. Case, M.D., Pardon Brownell, M.D.

The following resolution was then passed :

Resolved, That it be recommended to the members of this county meeting to carry into effect the 5th resolution of the convention of 1838, and to make their returns for this year to the fellows of this county, previous to the meeting of the convention in May next.

Poisons.—Sir,—A writer in your April No., under the signature of A., quotes from Dr. Peirson that " a man may take poison and not be poisoned," and wishes some one to relieve his mind by proving it. I would simply ask A. if he is a medical man ? If he is, whether he supposes arsenic to be poison ? If yea, whether he ever prescribed Fowler's solution for the cure of intermittent fever, or for any other disease ? And if he ever did, whether he supposes he poisoned his patient ? B.

Another correspondent writes—Although A. says, on page 109, that all analogy is against the assertion that minute portions of poison can be taken into the stomach without injury, it appears to me that he has himself, on the same page, furnished a case which, by analogy, may be made to support it. It is well known, A. remarks, that a man may hold poison a short time in his hand, and not be poisoned ; and I presume he will not deny that by increasing the strength of that poison, if of a kind that can be sufficiently concentrated, or holding it a longer time, the individual *will* be poisoned by the experiment. Now if the weaker portion is inert, and the stronger injurious, when applied to one part of the system, my ideas of analogy teach me that the same would be the result in any other part—the strength of the article being varied, of course, according to the vitality of the part to which it is applied.

Chinese Physiology.—The Chinese know nothing of the circulation, and therefore the practice of physic is meagre and inadequate to contingencies. They believe that the human body is composed of five elements, viz., water, fire, wood, metal and earth. So long as an equilibrium between these is maintained, people enjoy good health ; but as soon as one of them predominates, sickness ensues. All diseases arise from disturbing the equilibrium of these constituent parts, and the art of healing consists in restoring their mutual relations. They know nothing of chemistry, and their medicines are all vegetables—*ginseng* being the sovereign remedy for everything.—The shipment of this root from Boston, formerly, collected on the hills of Vermont and New Hampshire, laid the foundation of some large fortunes in New England.

Preservation of Bodies for Dissection.—M. Gannal has recently published a pamphlet on the embalming of bodies and the preparation of specimens of natural history and morbid anatomy. As M. Gannal has obtained a patent for his method of embalming, we shall say nothing on this part of his work; he has, however, freely communicated the results of his experiments on preservative fluids for the purposes of dissection, of preparation of animals, &c.

After numerous trials with the salts of alum, and various other substances, M. Gannal has elected the sulphate of alumina as being at once the most efficacious and the cheapest material which can be employed. Two pounds of the sulphate of alumina dissolved in a quart of water, are sufficient to preserve a dead body in a state of freshness for at least three months. If the weather be very hot it will be necessary to employ the fluid in a greater degree of concentration. The solution of alum is simply injected into the vessels of the subject, and the cost of preservation does not exceed ten pence for each body.—*London Lancet.*

Medical Miscellany.—Out of 490 paupers supported last year by the city of Portland, 466 had been, or were, intemperate.—Dr. Collyer has been prevented from lecturing on phrenology in one of the churches at New Orleans, because the members considered that the science tended to materialism.—A copy of the Druggist's General Advertiser has been sent us from New York, wholly devoted to puffing patent medicines and nostrums, with a notice (indicated by the marks of a pen), that if we will copy certain advertisements once a week, for twelve months, and send one number to the agents, we shall be entitled to one dozen of each of the articles!—Thomson, the great originator of the medical humbug, has been mulcted, in this city, for a libel against Dr. Badger.—Dr. Hull's abdominal supporter, highly approved of by Sir Astley Cooper, Sir Benjamin Brodie, Drs. Clark, Blundell, &c., is selling at an encouraging rate in England.—Dr. Evory Kennedy, of the Dublin Lying-in Hospital, delivers four courses of lectures annually, commencing the 2d Monday in February, May, August and November.—Magendie's 21st lecture on the blood and the changes which it undergoes during disease, is one of his happiest efforts.—Tho. H. Burgess, M.D., has written a treatise on the physiology and mechanism of blushing.—Researches in embryology, by Dr. Martin Barry, has been published in England.—Smallpox is again on the increase in England, says the Foreign Journal of Medicine.—There were 35 deaths by consumption, in New York, last week.—A man by the name of Hallenbuke caused the death of a child at Albany, by giving it nearly a pint of brandy at once.—Marriage, physiologically discussed, from the French of M. Dubois, translated by Wm. Greenfield, is abroad—and a miserable catchpenny it is.—A very famous quack has appeared in the neighborhood of London, who calls himself Baron Spolasco—pretending to cure every disease with *two pills and one powder*. A jury of inquest have brought in a verdict of manslaughter against him, for causing the death of Susannah Thomas.—A benevolent medical society was instituted in England, in 1816, for the purpose of affording relief to such of its members, as through mental or bodily infirmity, or other causes, are in distressed circumstances, and require pecuniary assistance. It is a noble charity, and one precisely like it should be established here.—So fully are the people satisfied that coroners should be medical men, that it is presumed all future appointments in England will be of the profession. Why should it not be so here?—Dr. S. Rapolje has been appointed to the Naval Hospital, New York; Dr. W. Johnson, of the U. S. N., to the Navy Yard of the same station.

☞ Those of our subscribers whose bills were enclosed in late Nos. of the Journal, are informed that they will much oblige the publisher by forwarding the amounts due. The rates of exchange are so much improved, that there is no longer any serious difficulty on the score of uncurrent money. Remittances may be made, by mail, to the publisher or to either of the following agents.

List of Agents for the Boston Medical and Surgical Journal.—Mr. E. F. Duren, bookseller, Bangor, Maine; Luke Howe, Esq. P. M. Jaffrey, N. H., Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, jr., Providence. R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Croswel, Esq. P. M. Catskill, N. Y.; Samuel Freeman, Esq. P. M. Williamstown, N. Y.; Mr. Charles S. Francis, bookseller, Broadway, New York; Mr. Thomas R. Hampton, Washington, D. C.; William A. Gillespie, M.D. Ellisville, Louisa County, Va.; Mr. L. Dwelle, Augusta, Ga.; S. Mayfield, M.D. Franklin, Tenn.; Mr. Isaac N. Whiting, bookseller, Columbus, Ohio; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Mess. Hedge & Lyman, Montreal, L. C.; Mr. Joseph Tardif, Quebec, L. C.; L. E. Van Buskirk, M.D. Halifax, Nova Scotia.

Erratum.—In last week's number, page 171, line 21, for *quality* read *quantity.*

Died,—In this city, J. A. Brereton, M.D., of the U. S. Army, 52.

Whole number of deaths in Boston for the week ending April 27, 35. Males, 16—females, 19.

Of consumption, 7—scarlet fever, 6—lung fever, 2—old age, 1—decline, 2—abscess, 1—dropsy on the brain, 1—brain fever, 1—burn, 2—marasmus, 1—croup, 3—dropsy in the head, 1—sudden, 1—canker rash, 1—dropsy, 1—disease of the heart, 1—white swelling, 1—stillborn, 3.

OUTLINES OF THE INSTITUTES OF MEDICINE,

Founded on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his inferences, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage.

"*New York*, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston. M 20.

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply WILLIAM BROWN.

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
Oct. 17—1yeop 33 Prince St. corner of Salem St. Boston.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, May 8, 1839. No. 13.

DR. COMSTOCK ON SCARLET FEVER.

[Continued from page 186.]

Contagion.—It is difficult to prove, and unphilosophical to consider, a fever contagious, which originates spontaneously. For if it thus invades one, why not others? Foreign writers consider scarlatina catching, because, as they say, it generally goes through a family when one is seized with it, which is here very often remarkably *not* the fact. The present season I attended a family in which the mother and her seven children had it severely. This lady observed to me that her neighbors, with the exception of one family, to the amount, as she thought, of sixty persons, visited her house, many of whom watched; and yet that she did not know the instance of a single person of them who had it, whilst, singular to be sure, it broke out in the only family who, not one of them, had been into her dwelling! Clothes and even *flies* have been pressed into the service of the contagionists. But there was not even any imputed source to be here pointed out, it having commenced, in the first family to which I have alluded, in the month of January, when flies did not fly. Some persons, and some whole families, with their relations, are constitutionally predisposed to certain diseases; and no disorder points to this predisposition more strikingly than canker rash. Hence all the children of a family may have it, whilst servants escape. Black-eyed children were supposed, by Dr. Fothergill, to be apt to be the greatest sufferers. But in this, as in other respects, there is no uniformity.

It is worthy of a passing notice, that during the reign of spotted fever, which prevailed from 1806 to 1814, we heard very little of canker rash. Dr. North, who wrote a valuable treatise on the former, mentions *sore throat* as one of its pathognomonic symptoms. Resemblances, however, are not identities. From my own experience, in both diseases, I cannot regard them as the same, although I have heard such an assertion made. In 1810 I had a great number of cases of spotted fever, and a few of scarlatina. The fever in both was typhoid, but the symptoms different. Sore throat was so slight, in spotted fever, as seldom or never to be complained of. But when inquired after, the patient answered in the affirmative. Dr. Fiske, of Worcester, traced out many points of resemblance between *scarlatina anginosa* and *spotted fever*.* His authority is against the contagiousness of either; also that bleeding and cathartics are injurious, and emetics and stimulants useful in both. He does not incline, however, to make the two maladies identical—as, in further speaking of spotted fever, he says, "While children are the most liable to scarlatina, this gigantic foe passes the helpless infant, and encounters more hardy subjects with increasing ardor, from the vigor of youth to settled manhood." Another writer, Dr. Bestor, speaks of the stupor and apoplectic state which children sometimes fall into in spotted fever. This we have noticed already as occurring in canker rash. Dr. Samuel Woodward, who also wrote on spotted fever, mentions that the "*great heat was of the thrilling, stinging kind.*" In this the two diseases again agree. He also mentions that the eyes were red and watery—that the body, in fatal cases, became spotted as an adder—and particularly notices an affection of the joints *like acute rheumatism*, which happened during recovery. With respect to treatment, he says, "*I likewise saw several who were brought into a low comatose state by a small bleeding, which cases entirely baffled the power of medicine, and proved fatal.*" But after the relief of extreme depression, and when the system began to rally, the inflammatory diathesis sometimes succeeded, so that Dr. Woodward, in the severe painful lameness of the joints, which occurred during convalescence, found bleeding and antiphlogistics requisite. Here we are reminded again, of inflammatory croup sometimes following typhoid scarlatina.

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* See Dr. North on Spotted Fever, Chap. XVII.

There is no season so fraught with exciting causes as to produce disease in every one, because a great majority are constitutionally, or from some peculiarity, fitted to resist them. But when predisposition exists and atmospheric causes excite, whole families breathing the same air, partaking of the same food and drinks, and dwelling in the same house, may, from the same spontaneous causes, have the same disease, unless, indeed, there is, as often happens, a difference of constitution in the same stock, so that some are predisposed and others not. Thus, in November last, in a family in another county, to which I was called, the father and a number of children had canker rash, whilst the mother and one child escaped. This was the more worthy of remark, for the reason that the mother took the care of her husband and children, and all occupied one room. At least I so found them at each of my visits, which amounted to six or seven. We have known, on another occasion, a family of children and the father to have it, and the mother to escape. And again, we have known a family of seven sisters, and one of them to have it severely, and six of them, with the father and mother, to remain unaffected. All these persons inhabited a house consisting of one room, and one fire place only, on the ground floor, and could not be separated. Now that contagion should fly about in the air, and be carried from house to house by flies, and in the clothes of those who had visited the sick, and yet not be communicated to those who were in the habit of visiting this poor family, nor even to the inmates themselves, is to me quite unaccountable upon any principle or analogy of contagion. We may suppose, that should those seven sisters marry and have children, the children of the one who had it might be hereditarily predisposed to the atmospheric causes which spontaneously give rise to it, and that all the children of the other six sisters might escape. Hence the strange attacks and exemptions of this most enigmatical disease. I know that it sometimes exhibits some traits pointing to a contagious origin. But they are so few, compared with the multiplicity of opposite facts, that we must resort to the illogical mode of arguing, that is, of making the *minor* weigh down the *major*, in order to maintain the ground. Every one, conversant with it, has observed how frequently it leaves affected districts, and, passing by all those who have visited sick houses, seizes others who never have visited or even passed by them. The attempted proofs adduced by Dr. Charles A. Lee, of New York, of its contagious origin, at first strike the reader with some force.* The first is, that of a grandmother who watched with and held a grandchild in her arms, which died with it. The old lady, aged 60 or upwards, returned home after the child's death, and had it herself. But here is a link missing in the chain ; for we are not told that she communicated it to any person in her own house, or to any one of her attendants or watchers. Besides, she sickened the third day after holding the child, a space too short for contagion to operate. The second instance is that of three children who were sent to three different places, after a little girl in the family had been seized with it, and all three of them sickened in about a week themselves. But here again is a deficiency in making out a clear case—we not being told that either of them communicated it to a single individual of either of the families into which they were sent. And as to their having it themselves, why should they not, when they had been exposed to the same local causes which produced it in the first child, and all of the same parents ? When there is conflicting and contrary evidence, we must determine by the weight and by the number of facts. The instances of exemption so immensely outnumber those of even supposed contagion, that no want of proof is lacking to make the matter clear. I think that I speak within bounds when I say that within the last six months more than one hundred persons have visited the families which I have attended, not one of whom has had it.

In the *treatment* of canker rash we must keep our eye firmly fixed upon those morbid tendencies which produce *death*. These are—1, Mortification or a tendency to putrescency ; 2, Congestion of the brain, denoted by coma and stupor; and 3, The injury done by canker, such as erosion, extensive sloughing, hemorrhage, and wasting serous and purulent discharges. These may be internal, external, or both. Decisive signs of putrefaction, or a strong tendency towards it, mark those cases which prove most suddenly and numerously fatal. We have been informed that the late Dr. Easton, of Newport, R. I., kept this outlet of life so much in view, that he began by giving Peruvian bark, repeated it, and relied wholly upon its antiseptic powers—and that he never lost a patient ! We have some reason to think, however, from our own experience, that scarlatina, like spotted fever, does not visit marine situations with such a high heat, and such a malignant train of symptoms, as it does the interior country—a heat too high to give bark internally, at first. Immediate resort to the external application of bark to the abdomen and throat, there can be no possible objection to. The mode may be that of stupes wrung out of a strong decoction of it, or in the form of a poultice mixed with yeast, porter, good lively beer, or a solution of chloride of lime. The *wild indigo*—baptisea—which is a powerful antiseptic, may be combined with the cinchona. For fitting the stomach to receive the bark, it must be cleansed by emetics. For fitting the general system to be benefited by it, the fever, if high, must be moderated. But as early a resort to it as it can possibly be borne, is safest for the patient. And in the form of a fermenting decoction, it will be borne earlier, sit easier, and be more effectual, than in any other mode whatever. Take cort. Peru. ℥ij. ; rad. serp. va., cort. aurant., rad, sanguinaria, āā ʒ ij. ; catechu, ℥i. ; boiling water, three pints. Simmer to a quart ; strain and add honey or molasses, and good lively yeast, āā ℥iv. Shake the whole well together, and bottle whilst warm. In from six to eight hours it will be fit for use. Dose, from a half to a whole wine-glassfull every four hours.

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* See Boston Medical and Surgical Journal, Vol. XII., p. 374.

Debility is not so much to be feared as putrescency. Therefore, if the drawing off of some venous blood, in a deteriorated state, can be useful in its prevention, this evacuation may be proper ; especially as, by moderating the fever, the patient will be the sooner fitted to commence taking the bark. Before resorting to this doubtful evacuation, however, we ought to decide whether we have been called to the patient early enough for it to be of service, which in country practice is frequently not the case ; and again, whether the existing fever is caused by inflammation, or whether solely by irritation, acrimony, or an erysipelatous diathesis. That it arises from one or other, or all three of the latter, in nine cases out of ten, we firmly believe. But even if inflammation be actually present, its character is so evanescent that bloodletting cannot be safely resorted to, except at the very commencement of the attack. Nor can it be frequently repeated. Here is one point in which its most strenuous advocates agree. Hence they themselves make us hesitate as to the propriety of unsheathing the lancet—for the reason that what is calculated to *cure a disease will bear repetition;* as bark in intermittents, mercury in syphilis, venesection in pleurisy, emetics in croup, steel in amenorrhœa, and a long catalogue of others which might be adduced. Add to this, that in all mortal epidemics nothing is more hurtful than terror and the depressing passions. Now there is nothing so horrible to children as the idea of being bled, insomuch that the sight of a physician creates terror if associated in the mind of the little patient with the lancet ; so that when there is an indication for it, if not very urgent, we must consider whether it is not liable to do more hurt than good. Anodynes and hope are the best remedies when mortal sickness prevails, and fear and anxiety the worst.

Children know more than they express, or than people generally imagine. A lady whose little daughter, aged five years, was laboring under it lately, in its dangerous form, told me that her child, of its own accord, spoke about being buried up in the ground.

Every age and every country bear their testimony in favor of cordials.

Why bloodletting should be resorted to on account of *venous congestion*, in children, which exists only in adults and the aged, is a mystery which those who have advanced it have not explained. In one treatise we are told that the patient must be bled to *fainting;* and in the same, that "fainting increases the congestion of the large vessels, and consequently increases the danger of the disease." If in any case we are tempted to bleed from difficult respiration, let us first consider whether it may not proceed from the debility being so great that inspiration cannot be easily performed, rather than from infarction of the lungs.

Every remedy which can counteract the tendency to putrescency must be used. Calomel is one of these. By its stimulating every fibre, exciting every gland, and producing a counteraction opposed to putrescency, in every viscus, its effects become antiseptic.

Gentle emetics and cathartics are borne, and well borne, so long as they evacuate morbid matters from the stomach and bowels. I have never known the latter to produce debility whilst the evacuations continued black. But when they change from a black or bottle-green hue to a lighter shade, they must be discontinued, and the bowels and system quieted with an anodyne.

If a salivation can be effected, the patient is safe. But in children this cannot often be achieved. It did, however, occur in one of my little patients the present season, and probably saved its life. When a sufficient quantity of bark can be taken to prove purgative, it is by all means the safest cathartic. But if we are obliged to resort to calomel, or senna, or sulphur, or cream of tartar, let each one of them be combined with cinchona.

The views of Broussais never will be confirmed by anatomists, nor his practice by a majority of practising physicians. Already has M. Andral published to the world the innumerable fatal consequences which resulted, in his own practice, from his complying with the urgent wishes of students, and bleeding in typhoid fever. This was when Broussais was the leading man in the schools of Paris. Most of those unhappy young, as we are told, sank and died. M. Andral is equally decided against bleeding in erysipelas—those thus treated having *gradually sunk and died.* We believe it equally hazardous when used largely, or repeatedly, in scarlatina and its congeries. But if it is determined on, the temporal artery should by all means be preferred to any vein. The reasons are —1, That the punctured vein sometimes suppurates and cannot be made to heal. 2, That the temporal artery has a direct and intimate communication with the artery of the tonsils, parotids, the jaws, the face, the ear, the muscles of the tympanum, and inosculates with the ophthalmic artery. 3, As it is a branch of the carotid artery, blood drawn from it is best calculated to relieve congestion of the brain, which causes coma, stupor and febrile apoplexy. Indeed, it may be considered in the light of local bloodletting from all the parts most intimately affected.

But, as a general rule, copious and repeated venous bloodletting ought to be viewed with suspicion in all diseases of the throat whatever. The blood, in such cases, will continue to exhibit the inflammatory crust until the patient is sunk past recovery. I have long viewed General Washington as having fallen a martyr to this practice. We have known the blood drawn from the arm exhibit the full buffy appearance in scarlatina, and yet the person from whom it was drawn be dead in less than twelve hours, with the most decided marks of extensive mortification on the dead body. That the innumerable number of victims mentioned by M. Andral, is daily added to by following the doctrines of the visionary pathological anatomist, Broussais, we have no doubt.* And that he mistook the engorgement of tissues and mucous membranes, occasioned by the weakness of their fibres, in some instances, and from the dissolved and semi-putrid state of the blood in others, for the marks of active inflammation, we are so fully convinced as not to have the least doubt.

But that arteriotomy has occasionally saved a life in the comatose state of scarlet fever, we admit. A judicious physician, Dr. Skinner, of Willington, lately gave me a striking instance to this effect. His little patient appeared to be completely apoplectic, and with no sings of existence except breathing; all voluntary motion, even to the moving of its hands, was at an end. In this situation it was seen by himself and another physician, one of the most eminent in the State, who thought it must inevitably die. As deglutition was suspended, nothing was done, and it was left by its physicians. Dr. S., however, called again not long afterwards, and finding it still alive, opened one temporal artery, and whilst the blood was flowing, though but very slowly, the little creature moved the arm of that side. This encouraged him to open the artery in the other temple, as the first had nearly ceased to bleed. This bled more freely. The child moved its other arm, to which general voluntary motion succeeded. The patient was saved, recovered, and is now, the doctor thinks, one of the finest little misses to be seen in any school in the State.

When the brain is affected, the cold dash should be confined to the head; for if applied to the skin generally, there is danger of increasing the congestion on the brain by revulsion. If the skin at the same time be hot, tepid sponging, with spirits which evaporate quickly, may be proper to the trunk and limbs. As to the kind of liquid generally used, as we should never lose sight of the putrid nature of the disease, a strong decoction of bark and wild indigo, or a solution of chloride of lime, is to be preferred for their antiseptic qualities. When there is no affection of the brain, they must be applied cold by sponging. An emetic will sometimes cure incipient stupor and coma, if administered early. Of this I had a very recent proof in a child six miles distant, to whom I was called in the night.

When there is torpor of the liver and diminished secretion of bile, take nitric acid one part, muriatic acid two parts, dilute them to the acidity of strong vinegar, with which the hepatic region may be kept constantly moistened. The nitro-muriatic acid thus diluted, sweetened with honey, furnishes one of the very best of all gargles. If there is any exception, it is that of the fermenting decoction of bark, bloodroot, &c., before mentioned. They may be used alternately.

We have already noticed, that in affections of the brain, cold ablution, or sponging the trunk and limbs, is improper. There is one other state of the system in which it is by no means to be used. It is when the patient perspires freely, or sweats. And there is yet a third. It is when the eruption recedes ; in which state external warmth, by means of a blanket wrung out of warm water, with Dover's powders internally, and warm sage tea freely drank, are our best remedies. But to keep on good terms with the good women, we must not prohibit a tea made of saffron, this being a popular and not improper remedy in cases of the kind. Indeed, to the case of *convulsions* in infants, from retrocession or non-appearance of the eruption, its slight antispasmodic and cardiac qualites are well adapted. But when convulsions occur without any evident cause, teething or worms are to be suspected, and remedial measures pursued accordingly. As a general remedy, one grain of the powdered leaves of belladonna may be mixed with sixteen grains of powdered liquorice, and divided into eight equal parts, of which one is a dose for an infant in convulsions.

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* See Boston Medical and Surgical Journal, Vol. XVII., p. 143.

Belladonna has acquired considerable reputation in Germany as a preventive of scarlatina, in the Hahnemann doses—one grain being divided into 771 parts, after being mixed with extract of liquorice, and this is the dose for an adult, night and morning, to prevent scarlet fever ! Surely the quantity need not be varied for the youngest infant, unless by increasing it. The theory of Hahnemann, which led to its first introduction, was the most rational, however, of anything that we have ever heard of the man. It was that, as the symptoms of an over-dose of belladonna, upon the nervous system, strongly resembled those of scarlatina, the latter might be superseded by the former. Just as vaccination supersedes smallpox. Whilst two poisons wrestle, we may live, said Ben Johnson. Sulphur may be taken as a more probable prophylactic.

For those little eroding ulcers, called canker-sores, a mixture of two grains of finely powdered nitrate of silver, with an ounce of honey, has been used. A small bolus of this, of the size of a pea, may be put upon the tongue of small children. Other appropriate remedies—catechu, borax, alum and quinine—may thus be administered when scarce anything else can be gotten down. It is, indeed, very often extremely difficult, and sometimes utterly impossible, to get medicine down our little patients in this complaint.

For fistulous ulcers, a solution of two grains of nitrate of silver, to an ounce of water, used as an injection, is one of the best, if not the very best, of remedies. We have lately prescribed it with success for a child, both of whose ears discharged purulent matter, after all other signs of the disease had disappeared.

(To be continued.)

EFFECTS OF TOBACCO ON THE VOICE OF PUBLIC SPEAKERS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I received, this day, your valuable Journal, and noticed the communication upon the subject which forms the caption to this article ; and not aspiring to be, as has been elsewhere said, the "apologist for the filthiest of all fashionable vices," must be permitted to enter a partial disclaimer to some of the sentiments advanced.

My "opinions" may "have been given upon few data, and without the reflection which is desirable for those whose views on this subject may have an extensive influence upon the habits of mankind;" but should the suggestions offered lead to just and profitable results, however their tendency, the ends of the writer will have been happily accomplished.

Little did I dream, my dear sir, when conversing with you incidentally at my office, on the subject of the throat affection of clergymen, and the use of the "noxious weed," that I was to be arraigned at the bar of public opinion for my remarks; but as the object was then, and is now, simply to elicit truth, I do not hesitate to "take the responsibility," and entrench myself behind such facts as are at hand, however imperfect may seem the catalogue, hoping that others will present theirs of an opposite character, that the legitimate inferences and deductions therefrom may be secured. For mere theory and cant I care not a straw, and therefore offer no reply to suggestions drawn from such sources; and I am happy that a gentleman has noticed your article so truly competent to discuss its merits or demerits upon facts, and facts alone.

As to what would, or would not, have been, had circumstances been thus, or so—whether we should have lived to the good old age of Methuselah upon a diet exclusively vegetable, or died, as we now do, at the very limited period of three or four score and ten, upon the mixed yankee diet of vegetable and animal food; or, what would be the probable consequences of rigid abstinence in all things from the commencement of time, or of habits such as our community now presents, I will not pretend to discuss, but shall be satisfied to examine things as they at present really exist, and discuss them solely upon their intrinsic merits, or, if you please, demerits. That errors have prevailed, and do still prevail, it is not doubted, both in our eating and drinking, and the "wherewithal that we are clothed;" but that our health statistics and bills of mortality exhibit so marked and favorable a character, as might have been anticipated from the—I had almost said diarrhœa of matter which has been dispersed broad-cast, as it were, over the community by our modern book-making and lecturing hygienists, *et id omne genus*, I doubt exceedingly. There is evidently a fault somewhere, which can only be detected and developed by attending rigidly to facts as they present, eschewing altogether speculative theory, unless based upon something more substantial and tangible than moonshine, mere moonshine.

What, then, are the prominent circumstances upon which the original conversation with you was predicated? 1st, That the disease in question is comparatively of recent origin. 2d, That it occurs, or has been developed, only, or rather most frequently, among those who are either in fact or by common courtesy the most strictly temperate in all things. 3d, That its pathology is but little known or appreciated, and therefore demands a more rigid and severe investigation, albeit the effort may cause to be suspected for lack of consistency a valuable public journal devoted to "the scientific preservation of health and cure of disease," or *seem* to conflict with the principles, or with our ultraists' Procrustean dogmas, of the prevailing reformation from indulgences hurtful or apparently unnecessary. Not that I would say or do aught to arrest the onward progress of a temperate temperance reform—believing, as I most sincerely do, that much, and it is hoped substantial good has been, and is being accomplished through its potent agency; but only endeavor to check the wholesale denunciation, *under all circumstances*, of peculiar articles, because, forsooth, they happen to belong to the same class, conventionally, with other known noxious agents. A fourth reason offered for my remarks, was, that the affection in question is not the result of occupation merely, or much, or loud, or long speaking, nor is it attributable to the noxious influences of a confined and vitiated atmosphere alone, judging from the well-known fact that the lawyer, *quo ad hoc* proverbially healthy, outtalks the divine immeasurably; frequently addressing a jury *en haut voix*, some three, six, and even eight hours consecutively (the clergyman rarely more than an hour at one time, and that at intervals, and with a low and measured intonation), and in the vitiated, rum-and-tobacco atmosphere of a low, ill-ventilated, crowded court room, and this not merely once, twice, or thrice a week, but daily, for weeks, aye months together, as not infrequently occurs with many of our popular advocates at the bar during protracted sittings of county and general courts.

But to recur to our first position, that the disease is of recent origin, and was therefore wholly unknown to, or unappreciated by the clergymen of olden time. True, the labors of the closet (clerical), then, were not infrequently, and I doubt not advantageously, connected, more or less, with that of the plough and the wood axe, and it cannot be denied were less severe than at present. But what, in other respects, were the then habits of the clergy? So far as tobacco is concerned—that is the present question—they almost to a man indulged in the use of "the weed," *ad libitum;* nor am I aware of the fact, notwithstanding their incessant professional exertions (their style of preaching being mostly of a hortatory character, very earnest and enthusiastic, and often accompanied for hours with a stentorian utterance), that their average early mortality, as a class, was greater than that in our own day and generation.

But to the facts. In this city, wherein I have been in constant professional practice for nearly a quarter of a century, and where, from the incessant changes of pastors (a habit, by the way, much to be deplored), the aggregate number has been not few, I have *never known personally*, or through my professional brethren, of a single case of *the* throat affection, so called, among those of "the order" who used tobacco habitually, either by chewing or smoking! but, on the other hand, of several cases among those unaccustomed to its use, or, if you please, abuse. Now whether this is the happy result of the tobacco, or its "tap-room concomitants and tendencies," as suggested by your correspondent, Dr. Woodward, I confess myself wholly unable to say. I will in justice add, however, that in the cases to which we have alluded, so far as our observation extends, the habit has not formed the "stepping-stone to that use of spirituous liquor which leads to intemperance," nor have the individuals been found lingering about the "bar room and the grog shop;" all having even "been satisfied," as a beverage, with "drinks as insipid and tasteless as water," and also considered by the community in which they live as respectable, and in all respects excellent, nay, worthy members of society!

Of snuff, and its effects, alluded to by Dr. W., I conceive the altered voice to be purely mechanical, the reverberatory passages being actually blocked up by this vile species of vegetable plaster.

But permit me to recapitulate very briefly, for my remarks have already occupied more space than I had intended, a few of the circumstances which led to the suggestions hinted to you. Being in conversation, a year or two since, with two most eminent divines of the Harvard school, upon the subject in question, they (both semi-martyrs to the disease) were in turn suggesting the probable causes of the malady, such as close application, long and loud speaking with the head in the uplifted posture, confined, vitiated air, &c. &c., when I interrupted by saying, that there was evidently something wrong, or far from healthfulness, in the habits of the clergy of the present day; that the circumstances by them cited did not obtain as the exclusive causes of the disease, being amply refuted by the undeniable facts above alluded to in relation to the gentlemen of the bar and the clergy of olden time; that the frequent recent occurrence of the disease among them could only be accounted for by the *difference in the habits of living* between the two professions, and those of their own order who were even exempted from its influences—further, that I had never known an individual clergyman thus affected, who was in the habitual use of tobacco. I then inquired what had been their experience and observation in this respect, among their immediate friends; and although their professional acquaintance was extensive, neither could recollect a single case of the affection where the individual was addicted to the, if you will, "vile practice."

About a year since, being most happily present at a very interesting "Wednesday-evening Club meeting," in your city, with the celebrated Dr. Mussey, of tobacco-lecturing memory, this subject was again under discussion (and very naturally so, for, from the delicious fumes of the Vuelta Abajo which ever and anon greeted the olfactories, I judged that every member must, or ought to have been, to be eligible, a smoker), my remarks, as above, were there repeated, but were most promptly, though very courteously, met by Professor M. with the statement that the most inveterate case of the disease ever prescribed for by him, was in a gentleman, I think of Brunswick, largely addicted to the use of tobacco. The inquiry then was, what other cases of a similar character do you recollect? And my impression now is, that he did, or could, not name one in particular, but thought, as does your correspondent, that there were many such. Dr Mussey, to whom, as a ready writer, the medical public is much indebted, was very urgently requested, as he had already posted up the subject largely, and, as I conceive, very happily and justly thus far, to give the hint expressed a second thought, and say something about it to the public ear. Having never heard from him, either directly or indirectly, which is exceedingly to be regretted, the subject being vital in its consequences, he will pardon me for supposing him to have yielded a tacit assent to the statement expressed, viz., that "the throat affection," strictly so called, and understood by the faculty, does not, as a general remark, develope itself in the habitually tobacco-using subject—that is, by chewing and smoking. To the use of snuff my observations have never been extended, the practice of "snuffing" being too apparently injurious from its general stupefying effects upon the system, and mechanical effects upon the voice, ever to be tolerated in a public speaker.

But granting that tobacco is a preventive, will it also act as a curative? Of this, I must confess I have doubts, and such (knowing the vile and captivating nature of the habit) as have ever precluded its prescription therefor in my practice. Indeed, I am fully convinced (as is, or ought to be, every medical man of experience) of its noxious tendencies in certain habits, and have many a time most advantageously *pro*scribed its use, as I do invariably to the healthy man that of every species of narcotics or stimulants in general vogue.

Now, my dear sir, as I rejoice in having all mooted questions of importance rigidly tested, I am truly happy that this has been bruited; and if my notions are wrong, which, being a decided, though not ultra, temperance man in all things, I truly hope may so prove to be, no one will sooner yield than myself a hearty assent to the conviction; but if, through rigid investigation, it shall be found that the investing membranes of the vocal organs call for some peculiar stimulus to exalt their secretions, and give a more healthy tone to the function, and that tobacco is that agent, let us know the fact, maugre all expressions of "disgusting and vicious habit," "narcotic indulgences," "new era of knowledge," tendency to swell the number of inmates of the "tap room," &c. &c.

Your correspondent, after reading a homily in which I, nay all, fully coincide, "that thousands have found an untimely grave through the use of brandy, wine, and other narcotics, used to guard against sickness, &c.," attaches a universally like agency to the cigar, finding fault with a recommendation of tobacco as a *preventive*, notwithstanding the old adage that an ounce is worth a pound of cure, but admits that he "does not hesitate to prescribe it as a *remedy* in some forms of disease." Now I would as soon *prevent* as *cure* disease, especially such an one as this, an opprobrium medicorum, which annually numbers its scores of victims, thus depriving the community of their highest and most ennobling teachings, could it be effected by so *morally* harmless a remedy as tobacco.

Although, peradventure, I do, with the ultraist or the honestly sensitive, subject myself, through these remarks and confessions, to the imputation of

> "Compounding for sins one is inclined to,
> By damning those we have no mind to,"

still I am constrained to offer this "testimony" of my individual observations and experience, submitting with pleasure to whatever judgment their investigation in the premises may declare, respectfully subscribing myself,

Your servant, &c.

Providence, April 26, 1839. J. MAURAN.

SARATOGA WATERS.—NO. IV.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Permit me to close my present contributions to your Journal with two or three topics relating to the *comparative advantages of Saratoga Springs*, as a place of resort for invalids.

And, 1st, *The condition of the atmosphere of this place.* It would be idle to attempt to prove to your readers that a "change of air," simply, is often and unequivocally a curative remedy. Very few can have failed to convince themselves, by their own observations, of this fact; and the profession generally, including authors, are now united in the acknowledged benfits resulting from change of atmosphere. Before my residence here, I had no suspicion of the difference between the atmosphere of the Connecticut River Valley, indeed of all places within 50 miles of the seaboard, and that of this town and vicinity. The change appeared so remarkable, that I early wrote to some medical friends in Hartford, through the columns of the Connecticut Courant, some hints of a popular nature as applicable to their patients. In that communication I stated, "that I have been told, by intelligent gentlemen here, particularly by those who reside in the more elevated parts of the village, that after many summers spent here, they have discovered no appearance of mould, either on their books, harnesses or boots. We who have lived in Hartford, and have had the care of libraries of leather-bound books, harnesses, &c., need not be reminded how many times in a season we are obliged to remove the mildew from these articles. That valley is as remarkable for a clayey soil and humid atmosphere, as the plains of Saratoga for an arid soil and dry air. The soil here being alluvial and sandy, the exhalations from the earth differ widely from those of our own locality. Add to the dry and bracing nature of this atmosphere the highly balsamic, or, rather, turpentine qualities with which it is impregnated by the numerous pines and other forest trees that have been wisely allowed to remain in and around this beautiful village, and you will perceive at once that these considerations are by no means to be overlooked by invalids who are projecting the means of gaining health abroad." I need not make the application of these facts while addressing medical men. There is one class of sufferers, however, who have, by common consent, been prohibited a residence here, for whom I beg leave to say a word. I mean patients who are threatened with *pulmonary consumption.*

I have thought, as I have been walking nearly a mile, in the early morning, for my potations at the fountain, and inhaling the rich fragrance from these groves, that this class cannot be apprised of the very salubrious qualities of this atmosphere. Is it not an established fact that consumptions are less prevalent on sandy pine plains than on primitive hills and mountains? If to the consideration of these atmospheric properties of Saratoga, we add the various accommodations for invalids, the amusements, the variety of equipages, the beautiful rides; and, moreover, the fact that all those with pulmonary diseases that are sympathetic and dependent on bilious and abdominal affections may both inhale the air, and, with the proper auxiliaries, partake of the waters, and be not only *not injured* but benefited, I think you will agree with me that there are many reasons why such individuals should not be debarred a summer residence at Saratoga.

Another topic to which I wish to call the attention of the faculty, is *the agreeable and delicious qualities of the fountains of Saratoga.* I have studied minutely various authors on the mineral waters of Europe and America, since my residence here; but I truly do not find in nature so admirable a combination for the chronic diseases of this country as is to be found in the various springs scattered along this valley. We need not tell our employers that a course of well-selected laxatives is of itself sufficient to remove a multitude of chronic complaints. This fact is universally known. What, then, should we not expect from daily, periodical evacuations by a medicine delicious, cool, exhilarating, full of agreeable and enlivening qualities, and containing a great amount of salts, antacids, lime, iron, and even iodine? I have no time to notice the chalybeate waters in the village, nor the sulphur springs in the vicinity, nor the multiplied conveniences for bathing.

Lastly, let the physician impress deeply on the mind of his patient, when leaving home for Saratoga, two injunctions; 1st, *A strict attention to diet and regimen.* Saratoga is proverbially a hungry place. A powerful appetite is produced by the waters. It is the interest of a boarding house to provide an inviting table. What, then, shall guard the craving stomach of the valetudinarian from nullifying all the expected benefits of his visit, unless it be the earnest admonition of the family physician before he leaves him? 2d, Let the physician state fully and honestly to his patients the *absolute necessity of a thorough and extended trial of the waters.* Experienced practitioners know very well that a complex medicine, which can, by internal and external exhibition, be made to operate as an alterative, deobstruent, antacid, aperient, diuretic and tonic, should not be abandoned on a slight trial. They know, too, what their patients cannot appreciate, the indispensable necessity of some extent of time in removing deep-seated and long-continued maladies. How preposterous, then, for invalids who have been under the influence of *established* disease for months or years, to hope they can eradicate and banish those diseased processes in one or two weeks! The physicians here, and keepers of boarding houses, know this full well: but how can they retain invalids whose own family physician has not urged to a patient and faithful trial of the remedy?

Respectfully, yours,
Saratoga Springs, April 20, 1839. M. L. North.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 8, 1839.

AMPUTATION AT THE SHOULDER-JOINT.

A MAN working in a steam bakery, at Roxbury, on Tuesday of last week, had his left arm drawn in between a fluted roller and the copper platform, which crushed the limb shockingly, quite above the elbow. Although the engine was of six-horse power, the machinery was completely stopped. Dr. Lewis, of this city, was called immediately, and amputated the arm at the shoulder-joint in a very adroit and expeditious manner—having first taken up the axillary artery. The loss of blood was comparatively trifling. This has been stated to be the first time amputation has been made at the shoulder-joint, in this neighborhood; but from the annexed letter of Dr. E. Warren to the editor, it will be perceived that this is not the case.

DEAR SIR,—May I be permitted, through the medium of your Journal, to correct a mistake that has appeared in one of the evening papers, in regard to the operation of amputation at the shoulder-joint. Our admiration of the improvements of modern surgery, and our self-congratulations at the superior advantages our medical men now obtain by the facility of visiting the schools of England, Scotland, and France, ought not to render us unjust to the merits of our predecessors. It evidently does not detract from the honor due to a skilful operator, that the operation has been performed before. The amputation of the arm at the shoulder-joint was successfully performed by my father, the late Dr. John Warren, as early as the year 1781, at the military hospital in this city, near where the Massachusetts General Hospital now stands. It is very possible that it has also been performed by others. But as the circumstances which would render it necessary are generally such as to involve the life of the patient, opportunities in which it may be practised with any chance of success, do not often occur. Yours, etc.

Boston, May 3d, 1839. EDWARD WARREN.

Dr. Ingalls on Scarlatina.—A second edition of a letter from William Ingalls, M.D., to his son, William Ingalls, Jr., M.D., on scarlatina, has been demanded by the public. Of this we are right glad—because it shows that the writings of one so experienced as the author are read with avidity. Besides, on the subject of scarlet fever, every line in this pamphlet comes from authority. If no mode is devised for limiting, or at least controlling, this growing scourge of the country, the hope of raising our children from infancy to adult age is almost hopeless.

By an examination of the books at the Health Office, it appears that 92 deaths occurred in Boston by scarlet fever, between January 1st and April 27—being one more than all the deaths by that fearful disease in Boston, in the year 1838. We still insist upon it that this melancholy mortality shows, beyond the power of contradiction, that it is not treated as it should be.

Albany Medical College.—Things are going on prosperously at this school. The students, much to their credit, have discovered that Dr.

Armsby is a first-rate teacher of anatomy, and have presented him a silver vase, as a testimony of personal regard. Very few possess the happy tact of Dr. Armsby in making anatomical demonstrations perfectly interesting.

The first annual commencement of the college was held on the 24th ult. and the degree of M.D. conferred on thirteen gentlemen. The following are the names, with the subjects of their inaugural dissertations:

Jared Bassett, Montpelier, Vt., *Mental and Corporeal Association.* Alfred Cook, Delphi, N. Y., *Bloodletting.* Henry Cartier, St. Antoine, L. C., *Sanguinaria Canadensis.* Gilbert H. Brownell, Northampton, N. Y., *Urinary Calculi.* Anderson S. Dean, Cambridge, N. Y., *Digestion.* Almond B. Edmonds, Edinburgh, N. Y., *Hydrocele.* Nahum P. Monroe, Belfast, Me., *Hydrothorax.* John V. Newman, Chatham, N. Y., *The Eye.* Marcus T. Peake, Andes, N. Y., *Hydrocephalus.* William H. Snyder, Jr., Sandlake, N. Y., *Inguinal Hernia.* Phineas H. Strong, Pawlet, Vt., *The Nervous System.* Rial Strickland, Somers, Conn., *Dysenteria.* John Vought, Freehold, N. J., *Angina Pectoris.*

Maine Medical School.—It is with much pleasure we hear of the success of this school. Our townsman, Professor Roby, is said to be very popular with the medical class. He excels in *perspicuity and method.* With these two distinctions, and a very tenacious memory, there can be little doubt but he is destined to take a high rank among the anatomical lecturers of our country. Indeed Dr. Roby is now, it is said, one of the most popular lecturers they have ever had at the Maine Medical School.

Webster's Chemistry.—The new edition of this work contains many new and excellent things. The scientific public may be assured, that the well-known industry and professional enthusiasm of Dr. Webster will render each succeeding edition of his work more and more useful and interesting.

Prize for Filling Teeth.—A gentleman in Hartford, Conn., has deposited $100 in the hands of the editor of the Courant, to be paid to the dentist who can fill teeth the best. But the proposition is hampered with, to us, such unintelligible provisos, that very few dentists, we apprehend, will trouble themselves about it.

Medical Convention of Ohio.—The Ohio Medical Convention will hold its next regular meeting in the city of Cleveland, on the second Thursday of May, 1839.

Amongst other matters of importance, committees are expected to report on the medical topography, climate and diseases of the Valleys of the Cuyahoga, Muskingum, Scioto and Miami, and the adjoining region of each respectively.

An important report is expected from Dr. Peixotto, upon the subject of vaccination. Also, one from Dr. Drake, on the *Flora Medica* of the State of Ohio.

By authority, the Secretaries respectfully invite the *regular* physicians of Ohio, to bring forward and exhibit at the successive meetings of the Convention, whatever improvements or new inventions they may have made in the various instruments and apparatus used in practical medicines, surgery, obstetrics, and pharmacy.

TO CORRESPONDENTS.—Several communications have been received and will be inserted in due time.

Died,—In Minot, Me., suddenly, Dr. Seth Chandler, aged 72, formerly of Duxbury, in this State. He was a physician of the old school, and of much business till within a few years of his death. He has gone down to his grave honored and lamented.—At Baltimore, Dr. Joseph Brevett, 70.—At New York, Dr. Tucker, of Washington.—At Pensacola, Dr. William Plumstead, of the U. S. Navy, a native of Pennsylvania.

Whole number of deaths in Boston for the week ending May 4, 18. Males, 9—females, 9.
Of consumption, 2—scarlet fever, 6—old age, 1—disease of the heart, 1—measles, 1—delirium tremens, 1—epilepsy, 1—fits, 1—infantile, 2—lung fever, 1—stillborn, 5.

MEDICAL STAND IN NEW YORK STATE.

A good location for a physician in a pleasant little village on the Erie Canal, a few miles from the city of Rochester, may be obtained by the purchase of buildings and lot, worth about $1200. Name of the physician wishing to sell, and of the town, may be learned by application at this office—if by mail, post paid. M 3—

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct 31—eptf

TO PHYSICIANS.

A physician, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is as eligible for a physician as can be found in the State. For particulars, inquire at this office.
A. 10—5t*

NOTICE.

A physician in Grafton Co., N. H., of fifteen years' experience, wishes to exchange residence, to make collections and better his family. Undoubted reference as to character and professional merit can be had at this office. Partnership with a person wishing to retire from the laborious duties of the profession would be acceptable. A 24.—eop6w

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davies, Conquest; Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess D'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Delafield, Professor Francis U. Johnston, President County Medical Society; Laurens Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States.

AMOS G. HULL,
Office 4 Vesey Street, Astor House, New York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $10. Feb. 13—6m

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, May 15, 1839. No. 14.

DR. COMSTOCK ON SCARLET FEVER.

[Continued from page 203.]

Hemorrhages are caused by a greater fluidity of blood than exists in its normal state, owing to a breaking down of its crasis, to mental affections, or to an erosion of the capillary vessels by canker; or, again, by a dilatation of their mouths, occasioned by debility in their minute fibres. Astringents, bleeding, cold and narcotics, are the principal remedies. Sugar of lead with opium—combining the narcotic with the astringent—furnishes a remedy more to be relied on in intestinal hemorrhage than any other. When bloodletting will check the discharge, let the blood issue from whatever part it may, a small bleeding may be expedient, as it may prevent a greater loss. But, in the language of John Hunter, a surgical operation (even so small a one as the puncture of a lancet) shows a deficiency in the medical art. Narcotics are the remedies in mental hemorrhage. An impalpable powder of red bark, applied to bleeding surfaces, or to blistered ones, which discharge inordinately, or threaten mortification, acts as an astringent, absorbent, antiseptic and tonic. If before it is applied, however, a stick of lunar caustic be rolled over the part, or the part touched with it, its effects will be more apparent.

In a case of croup, succeeding scarlatina, with extreme violence, my little patient, a fine boy, was saved by leeches applied over the trachea. Repeated emetics, calomel, and Dr. Godwin's remedy, snuff to the thorax, had been previously used, and might have had some agency in the favorable result, although none was manifested until the leeches had drawn copiously. As a general rule, in all cases of difficult breathing, something of a tendency to croup is to be suspected, in which the loss of blood, especially by leeches, may be very necessary.

In the family of Mr. G. W. K. the disease appeared with great malignity, the winter past. Mrs. K., the mother of seven children, being herself seized in an alarming manner, I determined upon exciting a counter-action by inducing strangury. Tinct. lytta was accordingly exhibited. It had the desired effect speedily. She was obliged to rise from her bed once in from five to ten minutes, perhaps, for the half of one day, for the purpose of micturition. This was the day after she began with the tincture. It had a most happy effect, without any considerable suffering or unpleasant consequences. She was, in fact, cured at once. How far it may be relied on as a general remedy, I have not as yet had experience to decide. But there can be no doubt that a local stimulant of so much energy, has a general, nay, universal power to stimulate the whole nervous system. And I think that I perceived something of this upon the spirits of Mrs. K. during its operation. Small doses of tinct. lytta, as a diuretic, is our best remedy against the dropsical diathesis which occurs as a sequela to scarlatina, and as a preventive of those sudden effusions which have sometimes proved fatal.

I have not fully ascertained, to my own satisfaction, that children resist the strangurious effect of cantharides, as they do the salivating operation of mercury. But in small doses I have frequently given it to them without any such symptom.

The hydriodate of potash *(iodide potassium)* is a remedial agent of some power in discussing swelled parts. A few drops of the solution, mixed with honey and water, is the best form of giving it to infants and small children. In the case of an infant whose tongue was so swollen that it could not draw the breast, it had a good effect, and the infant recovered the use of its nursing powers, as well as health. One scruple of the *iodide* may be dissolved in an ounce of water—the dose of which, to children under seven years, is from four to eight drops. In order that it may have a local effect upon the mouth, tongue and tonsils, it may be given mixed in honey alone, or with very little water mixed with it.

To what are those effusions and congestions owing, which sometimes suddenly prove fatal? No cause more probable can be assigned than that of erosion of the capillary vessels by those little ulcers popularly called canker. And no other means of prevention can be relied on than a course of tonics, astringents and antiseptics, for some time after the patient is apparently well. The fermenting decoction of bark, for which a formula has been given, combines all these qualities in an eminent degree. Let it be re-examined. But whilst it is preparing, *Huxham's tincture*, in a watery solution of catechu, sweetened with honey, may be an excellent substitute. Still, it has not the important presence of *carbonic acid*—a substance of the greatest energy in nature for correcting a tendency to putrescency, and relieving nausea. Let nothing withdraw attention from it, when combined with bark.

As to the pertinacious tendency of scarlatina to a putrid diathesis, a case occurs to my mind, which I will notice. A lad, in a family in which it appeared with great severity, had it in its malignant form. His abdomen was of a mahogany hue, and bloated, together with his penis. With febrile, eruptive, and tumid phenomena, he had appalling nervous symptoms and was awhile blind, with low muttering delirium, and picking of the bed clothes. From all these he so far recovered as to be able to sit up to the table with the family. There he was seized with hemorrhage from the nose and bowels. These were arrested, however, and nothing seemed to be in the way of his recovery, when a spot, indicating sphacelus, appeared on one of his knuckles. The process of mortification ran up his hand and arm, and, as I learn, proved fatal. He died five weeks from his first seizure. I saw this lad in all the stages of his illness except the last, in which, being ten miles distant, I did not visit him. But the consideration occurs, whether, if the putrid tendency of the disease had been kept in constant view, by the assiduous use of the fermenting decoction of bark and other antiseptics, such as the citric acid in effervescing draughts, he might not have been saved.

With respect to the *effervescing draught*, it is scarcely possible to speak too highly of it in all the stages of scarlatina. When it is considered as a febrifuge, a diaphoretic, an anti-emetic and antiseptic, we have in it a remedial agent calculated to alleviate all the distressing and dangerous symptoms of scarlet fever. Next in importance, when it is sweetened with syrup or honey, it has the property of being palatable. And in no one disease ought our attention to be more fixed upon making medicines agreeable, withholding those that are offensive, presenting pleasant, encouraging prospects, and elevating the invigorating and strengthening powers of joy and hope, than in this.

A case of scarlatina occurs to me here, worthy of attention, from the *Edinburgh Medical and Surgical Journal.* A young gentleman attending school there was severely seized, and his—as his physician, Dr. Wake, says—was among the worst cases. It was a period of mortality; the malady was epidemic and fatal in that city; the season was August, when the weather was hottest, and there was, in the opinion of his physician, very little hopes of his recovery. But the young man entreated to be taken home, a distance of eighteen miles. His parents came, and seconded his wishes, provided Dr. W. would accompany him. Their coach was large; a bed was put in, and he laid upon it, and the doctor followed in his carriage. The procession was slow, a mile only in half an hour. Twelve miles passed in half as many hours, when they stopped to dine. He was then revived greatly, and sat up a little at table, to please his parents. Slept well that night—was convalescent next day, and well recovered in a week more. Something may be allowed to the utility of gestation in this case. But I am inclined to think that far more is due to the tonic effects of hope, at the prospect of reaching home; to those of joy, at leaving a city infected with deadly disease, and whose bells were sounding departures to another world with the same malady under which he was laboring.

It cannot be too strongly inculcated that the tonic powers of hope, and the pleasing prospect of recovery, ought to be most sedulously held forth, whilst everything depressing to the mental energies is strictly avoided. The arterial system is quieted through the nervous, and in no one disease is there more need of keeping this in view than in the present. It is from this, as well as from the views before noticed, that, as a general rule, we avoid bloodletting.

In one case to which I was called ten miles, in the night, the patient, a girl, aged thirteen, had been seized at school that day, at 11 o'clock, to which she went in the morning in apparently perfect health. She had so hot a fever that she quenched her thirst at a brook on her way home. She was delirious, and never, as I think, had I in any case found so burning a skin. I was in this instance induced to depart from my usual course, by drawing some blood. This was on Thursday night. The succeeding Sunday, whilst with another patient in the same disease, a messenger came for me to visit her immediately, stating that she was thought to be dying. It appeared upon my arrival, that she had turns of sinking, approaching syncope, in which her head was thrown back, her features pale, with the semblance of immediate dissolution. By exhibiting wine and a general cordial course, my patient was saved, and had a speedy recovery. But had she died, I should certainly have regretted, as I did at the time, my departure from my usual practice, in bleeding her.

The opinion of Celsus stands in strange contrast with that of physicians of the present day—when he says, but if a violent fever be setting in, to take blood at the very onset is to murder the patient. It was also his opinion that young subjects always bore that evacuation very ill——the younger the worse—which merits serious reflection in the disease of which we are treating, in which our patients are mostly young; as does his remark, that it should ever be borne in mind that, although the disease may need depletion, the patient may not be able to sustain it.* We may repeat that the inflammation in scarlatina is *erythmoid*, in which, if bleeding does not always kill, yet it does sometimes.

Camphor is one of those remedies which stand pre-eminent for allaying irritation. We dissolve it in spt. nit. dul.; we mix it, powdered, with opium, and combine it with laudanum, as well as apply it externally in spirituous solution. Aromatic ammoniated alcohol, spt. nitre dul., twenty drops of the former to thirty or forty of the latter, is another remedy worthy of notice.

The opinion of the ancients that pus corroded and was acrid, seems justified in this disease, in which the cellular substance is destroyed, leaving the skin detached from the muscles. We hence have an indication for the use of demulcents, and there is none better than the inner bark of slippery elm *(ulmus U. S.)*. A decoction of linseed, combined with rad. glycyrrhiza, which should be deprived of its epidermis—half an ounce of each, infused in a pint of boiling water—is a pleasant and useful demulcent drink, calculated to obtund acrimony and promote urine. Both may be freely drank.

As to diet, there is less danger of harm by indulgence in those articles which the patient's appetite craves, than in any other fever whatever. Still, those things which are light and nutritious ought alone to be permitted. Milk and water boiled together, and moderately thickened with the finest flour—custards, made with one egg to a pint of milk, and boiled by placing the vessel containing them in boiling hot water—and during convalescence, chicken-broth and some of the chicken, are allowable. Roasted apples are never improper at any stage, unless there be diarrhœa. Sago, salep, tapioca and rice, seasoned with sugar and lemon-juice, to which wine may be added when indicated, are unexceptionable articles. Nutmeg, or any other agreeable spice, may be permitted during convalescence. Port wine with water, into which fine, light white bread or cracker is crumbed, sweetened with white purified sugar, is an invigorating and palatable dish. The bread should be toasted and soaked soft. Codfish is a kind of animal food often craved, nor have I ever known it do harm. The return of a relish for meat is earlier than after other diseases, and the powers of the stomach, and the secretion of gastric juice, seem less impaired. Hence a bit of broiled mutton, chicken, or even pork, is less to be apprehended.

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* See Boston Medical and Surgical Journal, Vol. IX., p. 340.

In the height of the fever, cold water is very much called for. It may be moderately allowed; but a beverage of cream of tartar, called *imperial*, is to be preferred. This is made *by dissolving a half ounce of the crystals of tartar in three pints of water, boiling hot—throwing into the solution half an ounce of fresh lemon peel, and sweetening with four ounces of white sugar.* This may be drank cold, in any quantity the patient chooses, and is pleasant, cooling and refreshing, as well as diuretic. There may be cases which require squills and calomel as a diuretic, but not often if this *imperial* drink is freely used.

Although we have coma in some cases, we have sleeplessness in others. And here is a part of clinical management, as it marks the skill and accuracy of a medical man, that may be the point—the pivot—on which the case may turn. How consoling, how blessed the sight, after anxiety intense and doubt so great as that encouragement has been withheld from friends, to see a patient fall into a quiet slumber, with eyes nicely closed, skin warmly moist, and nerves free from subsultus! To achieve this great desideratum, the patient's room must be darkened, and every source of irritation be removed and sedulously kept away. If opiates are used and do not have the desired effect, they but add to the patient's uneasiness and irritability. There are some constitutions which, if a glare of light from fire or candle, a step, a voice, a whisper, or the least disturbance of any kind, occur, just as they are about to get to sleep, it will cause their heart to thump as though their ribs would break, and prevent, perhaps for a whole night, a moment's refreshing slumber. And here the duty of the physician becomes the more weighty, for to him belongs the discovery and prevention of causes so minute, that the patient himself may not know them. Most persons are accustomed to sleep without a fire or lamp in their bed room when in health. And in time of sickness a curtain must be interposed between, so as to cut off the light. Nurses and watchers ought to be directed not to awaken the sick from a sweet, refreshing sleep, for the regular exhibition of medicines. Sleep is necessary to the life of an infant, to the renewal of energy in man, and to the recovery of the sick.

Valerian will sometimes induce sleep, when opiates fail; and sage, for slight nervous irritability, and for children, deserves more attention than is commonly paid to it. It is by some esteemed a vermifuge, and I knew a physician who thus considered it. We, on the whole, esteem it one of the best vehicles to administer medicine in which we know, when children are our patients; and ever recommend it in scarlet fever.

Although emetics are useful in cases of stupor, when the cause is seated in the stomach, yet in other cases a refreshing sleep follows their operation. Hence they may be given at night to those patients in whom it is desirable to promote sleep and diaphoresis. Remedies that are designed to be taken into the circulation, are best in the morning, when the absorbents are active. Ether, ammonia, and the diffusible stimulants generally, should be given in small doses and be the more frequently repeated. Opium, when given as a stimulant, should be taken in very small doses, but often. It may thus be made to contribute to wakefulness.

In our general management of scarlatina, we must ever consider our patients nervous and irritable, and treat them accordingly. It has been said that a simple cut or bruise upon a man that was ignorant and robust, heals with less difficulty than on the refined and delicate. But a porcelain cup will last as long as a potash kettle, if it is handled with due care. If our patients are delicate, we must treat them delicately.

The stupor of pure debility must be carefully distinguished from that of congestion of the brain or sordes in the stomach. It requires capsicum, small opiates, wine, milk punch, and quinine. Even piperine may be mentioned in this connection. We are here to be understood as speaking of debility clearly ascertained, and distinct from brain affection.

There are a great many cases in which the local symptoms, such as mahogany color, canker and swelled glands, are not the most urgent, because not present; but in which a hot skin, a quick pulse, and short breathing, are the most apparent. In such cases we have to combat a general febrile diathesis, but must always bear in mind that a gangrenous tendency is to be kept in ultimate view. The rejection of tartarized antimony, of nitre, of emetics, and cathartics, is founded on an erroneous pathology. These, all these, may be used with safety in bringing the system to that state in which those remedies may be used which counteract a fatal termination—which may not, however, in all cases be needed, because the patient may present no indication requiring them. We like to record facts and the results of experience. This day (March 30, 1839) we have been called into a family who have lost a child, to attend to their only remaining one, seized with the same disease. We gave it an emetic at the onset, and we have great reason to conclude, from the relation given by the parents, that their other child, who was attended by a physician who disapproved of emetics, was lost in consequence. No remedy will have due effect if the stomach is lined with mucus, or any foul material. And none of the medicines given did take effect upon the little son which they lost. Emetics—tartarized antimony, nitre—and cathartics, when they only *wrestle* with the disease, may insure the safety of the patient. Still, such a variable malady, such a concentration of morbid impressions, acting on such a variety of ages, constitutions, idiosyncrasies, and in the various seasons of the year, should make us pause in prescription in each individual case.

If anything further is to be said upon *etiology*, we may repeat, that some seem to be born with a predisposition to receive impressions from certain seasons, and aerial and terrene agents or gases, which others are born with constitutions to resist. There seems to us to be no other way to account for the unexpected attacks of those who are seized, who have had no possible exposure to contagion, and the innumerable escapes of those that have.

(To be continued.)

"OPERATIONS ON THE TEETH."

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—There are two brief communications in your Journal for the 1st of May, touching the practice of dentistry, which deserve some general and critical notice, because they are calculated to misinform and mislead many who are exposed to become sufferers from the mal-practice of those who are merely "*operators on the teeth*"—a new set of practitioners that are springing up all about us, and who, too generally, for the reputation of the profession and the good of society, pass, in the view of the multitude, for regularly instructed dentists.

The notice from your correspondent W. A. A., of the case in which several decayed teeth were filled with wood, which remained in them some 3 or 4 years, is not a solitary instance of the kind. From the dark chambers of charlatanism we have seen come forth the *same*, and even *worse* things than this. Let it not be believed, that a substance which will readily become impure and decomposed if placed in a hollow tooth, will in any considerable degree arrest the progress of disease and destruction in this organ. Your own remarks on the use of wood for this purpose, in the commencement of the article on the employment of lead, are manifestly correct. But whoever has assured you that "lead is fully equal to gold for filling diseased teeth," has spoken without knowledge, or with want of honesty. All the metals that have been used for dental operations, except gold and platinum, generally corrode or oxidate in the mouth in so short a time, as to render them unfit to be depended on. Pure tin is better than lead on this account, and is sufficiently inelastic to meet all the difficulty of an operation. I have, for more than twenty years, watched the operation of all these metals in the teeth, and I am sure that it is bad practice and miserable economy to use any of them except gold. For although they may appear bright on the surface, yet after they have been worn a few months, or at most one or two years, they will too commonly be found black, soft, and decomposed beneath. The fact that in some few instances a lead or tin filling will remain five, ten, or even twenty years, when ninety-nine per cent. of them will show the mischief they are doing in as many months, is certainly no recommendation for their use. Close and repeated observations would not, I think, have led you to the conclusion that every pressure of the opposing tooth would tend to drive the lead into every part of the cavity, where such filling is used. On the contrary, if an inelastic filling is driven at all in this way, the tendency is to make it looser; and it is one of the peculiar advantages of a *good* gold filling, that it is not moved in the least by the operation of the teeth, the food, or the brush, except that it is worn down in common with the sides of the teeth.

You speak of "economical considerations." I have already adverted to this, but I know of no dentist whose "principal apology for the expense of filling teeth, is the cost of gold." Those who are doing these operations as they now may be and ought to be done, charge for their *personal services* principally. They could seldom make any material difference in this on account of the metal employed, be it gold or tin.

The operation of filling teeth, as well as others which are done to check the disease and prevent the loss of these important organs, are of a delicate surgical nature, and often exceedingly difficult; and if not done on surgical principles, they are likely to be of little worth. Yes, let me repeat, filling a tooth, when done as it should be, is a *delicate and important surgical operation.* The tooth is not a mere bit of decaying or decomposing ivory. It is a living organ—a diseased bone. The word *decayed* does not, in its most common acceptation, express to us the state of a tooth which requires this operation, and may be saved thereby. *Diseased* is the more appropriate word. That disease of the teeth, which in most of the works on dentistry is denominated *caries*, is, in its early stages at least, inflammation of the bone—*ostitis*, or *dentitis* (if I may be allowed to introduce such terms); and whoever would treat such cases with the most reasonable hope of success, should be familiar with the minute anatomy and intimate structure of the teeth, with their physiology and pathology. I am but too well aware that it is difficult to impress those who are not acquainted with the structure and diseases of the teeth, nor the nature of the treatment required, with a firm belief in this doctrine; but it is nevertheless true, and too many who are finally convinced of this, become so at no small pain and cost, by submitting their teeth to the operations of those who are dentists to-day, though they were anything else yesterday.

Excuse me for troubling you with these remarks on a subject which some of your readers may esteem as of little importance; but I have too many proofs, daily, of the want of correct and enlightened views of the branch of practice to which my time is devoted; and while I cannot aim to correct all the false notions and mischievous statements in relation to it which I see set forth in our newspapers, I cannot at the same time patiently remain silent, when I see the pages of our medical journals made the vehicles for disseminating erroneous views of a branch of surgery which is eminently serviceable in preventing more hours of suffering to our fellow beings, than almost any other. Yours, &c.

May 6, 1839. F.

LOSS OF VOICE IN PUBLIC SPEAKERS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—This is indeed a dry subject to harp on in a medical journal; but as there have, of late, been some observations made upon it in your Journal, and those not at all satisfactory to my mind, I beg room to offer a few remarks on the subject, although they may not perhaps prove any more edifying and instructive than those which have already been made. Many of our medical brethren, in searching after truth in the "divine art," are inclined, if I may be permitted so to term it, to take the negative side of the question, and instead of stating to us clearly and concisely what are the causes of certain effects, they go to work with a long argument and a formidable array of learning to demonstrate to us what are *not* the causes. Now, if a man cannot instruct me in the truth, I would give but very little for him to tell me what is not the truth; if he cannot tell me what is the cause of any particular effect, I would scarcely thank him to tell me what is not the cause. We should never undertake to batter down the theory of another, until we have one of our own which we may set up in its stead. It is this wish to demolish the works of each other, that has caused four fifths of the contentions in the medical world. One man, with a few strokes of his pen, added to a little fertility of the imagination, erects a theory in one minute, which it takes a thousand men a hundred years to demolish. And when at last they imagine they have totally destroyed it, it is ten to one but that they have been so busily engaged in destroying, they have not even thought of framing a theory to take the place of the one destroyed.

The observations of Dr. Woodward, in No. 11, so far as they extend, are extremely good. That tobacco is injurious to the voice, every one can testify who has ever heard the harsh, thick, husky, mumbling, stammering, insonorous voice of the inveterate tobacco chewer. But the doctor might have gone further, and stated other palpable causes of this impaired state of the voice; he might have stated causes which cannot be mistaken, and which might well be dignified by the term *causæ notissimæ*. That the practice of speaking in low rooms and crowded assemblies has an injurious effect on the organs of the voice, we most freely admit. But, indeed, all orators, except Demosthenes when he was declaiming in his cave, have been in the habit of speaking to crowded assemblies, and of breathing a vitiated air; still the disease in question is of modern date. I do not imagine that it is so injurious to the voice to speak in our modern, convenient, well-formed, sonorous rooms, as it was to our forefathers to speak in their inconvenient, capacious houses, which required the exertion of a stentorian voice to fill them, with the addition of a sounding board to conduct the voice of the speaker to the ears of the hearers. The efforts of the speaker to fill such rooms must be double that required to fill rooms formed after the modern style. This every one is aware of who has ever entered a meeting house built by our ancestors some one hundred and fifty years since. The Roman orators who harangued assemblies of thousands for hours in succession, in the open air, were never troubled with a failing of the voice, and yet it must be acknowledged that speaking in the open air is of all speaking that which is the most injurious to the voice of an orator.

But, Mr. Editor, without rambling any further, let me state distinctly what I think to be the cause of this modern complaint; the *fans et origo mali* are not inscrutable, nor past being found out. The cause of this disease I believe to be no other than the habit which the speakers of the present day have of stopping in the midst of their discourses, when the organs of the voice are in the highest state of excitement, and pouring down cold water on the delicate structure of the larynx, in order to render their voices clear and sonorous. There is certainly nothing better calculated to injure the vocal organs than this practice. Public speakers, after having made exertions in speaking, upon going out into the open air, generally wrap up their faces to protect their vocal organs from the access of the cold air. This is a good practice. But if they are afraid of the contact of the air with the larynx and lungs after speaking, ought they not to be doubly afraid of the contact of cold water with the former during speaking, when the vocal organs are highly excited and fatigued. Any one who is in the least acquainted with the delicate structure of these organs, must be aware that this is a highly dangerous practice.

Cold water cannot have the least good effect on the voice of public speakers. It may, perhaps, clear it for a moment, but it checks its natural secretion, when taken during speaking, and after a few moments the voice becomes worse than before. Mental emotions in public will generally cause too great a flow of saliva; but this will subside after beginning to speak, without filling the stomach full of cold water in vain efforts to wash the saliva down. N. H. Allen.

Gray, Me., May 1st, 1839.

FOREIGN BODY IN THE TRACHEA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I was called, on the 31st of January last, to visit a boy between 3 and 4 years old, belonging to Mr. C. S., of Scituate, who was taken, a day or two previous to my visiting him, with an *incessant coughing*. He would have two or three spells of coughing in the course of 24 hours, which lasted from 1 to 2 hours at a time, but were always worse during the night. After obtaining a particular history of the case from the mother, and making all the requisite inquiries relative to the *cause* of this singular cough, I did not feel, after all, fully satisfied in regard to its *true nature*, which did not appear to agree with anything that was at all common. The mother then informed me of her *suspicions* that the child had either swallowed part of a chesnut, or part of a nutshell, a week before the last Thanksgiving; for the child *then* had them about the room, cracking and eating them, and was taken with coughing at this time, very *suddenly*, which lasted incessantly for about 1½ hours, and then becoming much exhausted, he grew easier. From this time he would have frequently a similar attack, then recruit in the course of a day or two, and so he continued till I was called to see him, as above stated.

When I came to take the subject into serious consideration, from the above-mentioned circumstance, I tried very hard to get something definite to prove that it might be so; but as the child could not tell anything, and as no one saw him put anything into his mouth, I could gather no positive proof as to the cause of the difficulty. However, as the mother seemed to be somewhat sanguine in her belief that such was the case, I told her I would do everything in my power to relieve the suffering child, and administer nothing that would be calculated to counteract the expulsion of the extraneous substance, allowing anything of the kind had actually taken place.

Judging from the foregoing situation of my little patient, I went upon the principle that the child was probably indisposed by an uncommon irritation of worms, or else from taking a very sudden cold—and hence the lungs might, from the various changes in the winter season, be easily susceptible of extreme irritability. The child had, almost invariably, in his attacks, red cheeks, though very white round the mouth, was in the habit of picking his nose, and was considerably disturbed in his sleep, which are strong symptoms in common cases of worms. From this state of the case, I thought I would commence with efficient vermifuges, and find out first what they would do. The most powerful were used, but to no good purpose—the cough rather increased than otherwise. Then I administered medicines for a cold, and to have them act more directly upon the lungs, an emetic of ipecac. was given, and it operated well—then followed a cathartic of jalap and cream of tartar, which likewise did all that was wished. After this gave small powders of ipecac. every 6 hours, to serve as an expectorant; and for his common loosening drinks, he took the slippery elm, liquorice and flaxseed infusion, all which were given freely. This course was pursued for 5 or 6 days, sometimes it appeared to advantage, but ultimately there was not much improvement. I now abandoned the powders, and relied principally on a compound of ol. ricini, tr. opii, camph. et syr. scill., in such proportions as to have it answer the purpose of a moderate cathartic, expectorant and a sedative. This formula had a very good operation, and proved quite effectual in a few days, so that I considered the boy sufficiently convalescent to dismiss him. There were medicines left, allowing he had a renewed attack.

As this case had appeared somewhat singular in its course, I made it a practice, when passing where the child lived, to call and see him, always keeping in mind the possibility that he had swallowed something which had entered the *trachea*. In one of my calls, about a fortnight after he had been dismissed, the mother told me that the child appeared to have the phthisic, and had a severe paroxysm the night before. Upon receiving this information, I then examined critically, and made inquiries whether the disease could be hereditary, and immediately learnt that the mother had been much afflicted with this disorder in her former days, and that her father had suffered greatly during his life with the same malady. When I first received this intelligence, it seemed, in a great manner, to account for the child's previous indisposition. Notwithstanding all this, the case appeared to me novel—for the child seemed to have the asthma to perfection.

This case continued, as just stated, till the 4th of April, ult., when I was again sent for in great haste about two o'clock, P. M.—the child now being, as the messenger informed me, in great distress, accompanied with extreme dyspnœa. I went as quickly as possible to the residence of the child, and found him, as he appeared to me, severely attacked with the *cynanche trachealis*, or the *croup*, so called. He had evidently every peculiar and striking symptom of this disease. But there was one thing which appeared strange at this time—what could have produced the *croup*? as the child had not been exposed at all to the cold air. However, there were no other symptoms but what I had always discovered in cases of genuine croup. As soon as I had decided upon the diagnosis of the disease, I administered a powerful emetic of ipecac. and tart. ant., in a sufficient quantity to operate effectually—then followed with jalap, calomel, and castor oil, till a thorough evacuation was accomplished from the bowels. After a powerful operation of the emetic and cathartic, the child seemed to be essentially relieved, the most unfavorable symptoms abated, and he became quite comfortable about 5 o'clock, of the same day. I now left the patient, after prescribing some ipecac. powders, and equal parts of ol. ricini et syr. scill., to be given alternately every 3 hours during the coming night. The next day I visited him, and found him sitting up and comfortable. I then ordered the last-mentioned medicine alone, to be given every four hours till he improved enough to relinquish it.

There was no material change, only gradually for the better, from the 5th till the 9th day of April, when he was very suddenly attacked in the P. M. with his previous coughing spell, and it continued violently about half an hour, when all at once the sufferer was instantaneously relieved by vomiting up the mysterious disturber of his peace—a part of a *nut-shell* that would average *about a quarter of an inch square*. Since the expulsion of the shell, the child has been perfectly exempt from every vestige of disease.

Here I would merely remark, which I consider worthy of some notice, that the nut-shell had, at different times, been the primary cause of producing the appearance of a severe case of worms, a violent cold, the asthma, and, finally, the *cynanche trachealis*. It was confined in this situation rather over 4½ months. I have prepared the case for publication, hoping it may prove beneficial to some of the medical fraternity, especially to the younger class. ROBERT CAPEN.

South Hingham, Mass., May 3, 1839.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, MAY 15, 1839.

PATHOLOGICAL ANATOMY.

It gives us much pleasure to announce to the profession a large and complete work on pathological anatomy, by Samuel D. Gross, M.D., Professor of General and Pathological Anatomy and Physiology in the Cincinnati College, Ohio. It will be in two large octavo volumes, of about five hundred pages each, from the press of Marsh, Capen, Lyon & Webb, of this city, who never suffer a book to go to the public in an unfinished condition. We have examined a few of the illustrations of morbid parts, which are extremely beautiful in execution, and show most conclusively that the artists of the west are no way inferior to those on the Atlantic border. Besides the lithographic colored plates, it is proposed to introduce about one hundred on wood, by the best engravers in Boston. That the labors of Professor Gross will be appreciated, cannot be doubted; and when it is recollected that it will be a purely American system, fitted, as it were, to the meridian of native practitioners, the sale cannot be slow, nor will his industry and learning go unrewarded. We shall speak of the typographical progress of the publishers from time to time, both for the accommodation of the trade at a distance, as well as for those who are more immediately interested in the progress of medical science.

Scarlatina at Cape Cod.—We understand that this painful and afflictive malady has been prevailing to an alarming extent in several towns on the Cape. This induces us to request, as a special favor, that some of our many subscribers in that section will transmit an historical account of the mortality by scarlet fever since the first of January. The physicians at Yarmouth, Eastham, Orleans, or Dennis, owe it to the public to present all the light which their late experience furnishes, for the comfort and guidance of those who are less familiar with it.

Dr. Reynolds's article on this disease, inserted in our Journal of the 27th of March last, is copied into the last No. of the Southern Medical and Surgical Journal. The accompanying remarks on the disease, by the editor of that Journal, may be inserted in our pages hereafter.

Practical Dentistry.—Readers are respectfully referred to a paper on page 219 of this day's Journal, written by a gentleman who is acknowledged to be one of the most completely scientific dentists of the day. His observations are entitled to marked attention. We cannot feel otherwise than extremely gratified that the public are likely to understand the claims of this profession, since individuals of great eminence, belonging to the craft, are beginning both to explain and publish the results of their observation and experience.

Abscess of the Brain.—Coroner Wheeler was called to No. 38 Houston street, New York, to view the body of a young mechanic, named James Ridner, aged 18 years, who died suddenly.

It appeared from the testimony adduced on the examination, that the deceased had been for some two years past complaining of a pain in the ear; that he had therefrom frequent discharges, supposed to be occasioned by what is termed a "gathering in the head."

For the last three months he had been able to attend to his business, with the exception of about three weeks, during which time he had a slight attack of the old complaint. He, however, recovered, and continued in his usual health till Tuesday of last week, when he was so severely attacked by pain in his ear, as to be obliged to keep his room. Dr. Hoyt was called in, who, on examination, ascertained that a polypus had formed within his ear, and he advised the young man to apply to the Infirmary, and have it removed. This the patient did not, however, do, but sent for Dr. Blakeman, who, on Sunday last, performed an operation, and removed the polypus. The operation caused much pain at the time, but afforded eventual relief, and he was supposed to be fast recovering. Excepting some occasional returns of the pain, he grew better till four o'clock yesterday morning, when his mother was awakened by him, whom he told that the pain had fallen with great violence into the back part of his head. She bathed his head with volatiles, and as he became easier she left him. In about half an hour she returned, and found him dying. Drs. Post, Blakeman, and F. A. Caldwell madea post-mortem examination of the body, and found, on examining the skull, that an abscess of immense size had formed in the brain, which occupied almost the entire of the middle left lobe, being in size fully equal to a hen's egg, and which had even perforated the skull.

Poisoning with Monkshood.—The following treatment was lately successfully adopted in England, in the case of a child aged 13 months, who was poisoned with monkshood, and who was found two and a half hours afterwards, with slow and intermitting pulse, dilated pupils, vomiting, with great tendency to stupor, and apparent suffering of much pain. A teaspoonful of ipecacuanha wine was given every fifteen minutes, until the stomach was completely evacuated; after which brandy, compound spirits of ammonia, and strong coffee, were administered at intervals, which, together with mustard plasters to the pit of the stomach and the calves of the legs, the effusion of cold water from a height upon the occiput, and a turpentine enema, in the course of four hours relieved the little patient from its dangerous symptoms. It afterwards took nutriment from the breast, fell into a natural sleep, and the next morning was perfectly recovered.

Select Medical Library.—The last No. of Dr. Bell's Library contains thirteen lectures (complete) on bloodletting, by Dr. Clutterbuck, of London, and the commencement of Ottley's life of John Hunter. The Journal department contains an interesting variety of foreign and domestic matter.

Secret Remedies.—The following is an extract from the minutes of the Philadelphia Medical Society, as published in the Medical Examiner.

"*Resolved*, That all discoveries or improvements in medicine or surgery should be freely promulgated through the appropriate channels of medical information, for the advancement of medical science, and for the good of mankind. And that the appropriation of such discoveries of improvements by their authors to their exclusive pecuniary emolument, by the taking out of patents or otherwise, is at variance with those principles of liberality and beneficence, which should distinguish the medical character."

Medical Miscellany.—A medical convention will meet in the city of Hartford, Conn., this day.—A little boy died lately at Philadelphia, in consequence of swallowing a number of percussion caps. The poor child vomited itself to death.—The patient whose arm was recently amputated at the shoulder-joint by Dr. Lewis, so adroitly, is recovering admirably.—The Massachusetts Medical Society have petitioned for the use of Faneuil Hall on the last Wednesday in May.—The motion for a new trial of Chauncy, the botanic physician, who caused the death of Miss Sowers, a while since, at Philadelphia, has been overruled, and he has been sentenced to five years imprisonment.—In the village of Eccles, Eng., a young man has been without food twenty-six days—the only article swallowed in the time was water. Last year, owing to illness, he went thirty-eight days without nourishment.—A letter from Ex-professor Elliotson, late of the University College, London (who was obliged, it will be recollected, to leave his chair in that institution on account of his adherence to the doctrines and practice of animal magnetism), to his class, has been rejected by the members in consequence of the reflections which it contains on the character and conduct of several of Dr. E.'s late colleagues.—The editor of the London Lancet has published several cases which were furnished him by a correspondent, a member of the Royal College of Surgeons, verbatim et literatim, notwithstanding the writer requested that, "if there are errors and is to lengthened, you are at liberty to place them in the form for printing." Many a writer has escaped a similar infliction through the gratuitous kindness of his printer.—Several cases are mentioned in a late No. of the Lancet, in which acute rheumatism was cured by the hydriodate of potash.—M. Magendie states, in his late lectures on the blood, that he has recently succeeded in speedily arresting a severe uterine hemorrhage by an injection of the ioduret of iron—a drachm of which was dissolved in two pounds of water, and used several times. M. M. also states the results of some interesting experiments of the excessive use of fatty substances, such as butter, oil, &c., showing their effects on the liver, which results will doubtless be seized on and turned to account by the dietetic reformers of our country. We may copy the account when we find room.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1839. April.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
	Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.			H'st	L'st	
1 Mon.	30	60	56	29.70	29.56	29.50	S W	Clear	29	66	Very warm and pleasant days. The thermometer has averaged 49 5-6 the first six days of the month—once rose to 70.
2 Tues.	44	50	42	29.50	29.63	29.59	N E	Clear	37	53	
3 Wed.	29	58	47	29.58	29.69	29.68	N E	Clear	29	65	
4 Thur.	35	70	67	29.58	29.60	29.60	N W	Clear	34	70	
5 Frid.	45	65	55	29.57	29.68	29.71	N E	Clear	43	65	
6 Satur.	38	62	58	29.65	29.54	29.46	S E	Clear	37	63	
7 Sun.	48	73	63	29.27	29.21	29.16	N W	Clear	45	73	Afternoon, slight showers.
8 Mon.	36	49	44	29.33	29.33	29.36	N W	Clear	35	49	Aur. borealis. Brocus in blossom.
9 Tues.	32	54	50	29.43	29.51	29.53	N W	Clear	31	60	Liverwort in blossom.
10 Wed.	33	59	50	29.52	29.50	29.44	S	Clear	31	61	High wind, very dry and dusty.
11 Thur.	50	66	58	29.38	29.38	29.34	S	Clear	49	66	Shepardia in blos. Rain at night.
12 Frid.	54	43	41	29.24	29.23	29.22	N E	Rain	40	55	Severe storm.
13 Satur.	38	38	36	29.10	29.14	29.16	N E	Rain	35	38	Storm continues.
14 Sun.	32	37	35	29.18	29.21	29.26	N E	Ra. & Sn.	31	38	Storm continues.
15 Mon.	36	42	42	29.19	29.06	29.00	N E	Cloudy	35	43	Afternoon showery.
16 Tues.	32	55	52	28.86	28.86	28.89	N W	Clear	32	56	Dicea peslastris, or leather wood, [in blossom.
17 Wed.	38	34	34	28.86	28.73	28.72	N E	Su. storm	32	39	
18 Thur.	34	47	46	28.77	28.96	29.04	N W	Clear	34	48	Bloodroot in blossom.
19 Frid.	42	63	58	29.16	29.16	29.12	N W	Clear	38	63	Wood anemone in blossom.
20 Satur.	44	56	45	29.07	29.10	29.21	N W	Clear	43	56	
21 Sun.	28	42	47	29.39	29.47	29.50	N W	Clear	26	53	
22 Mon.	34	63	59	29.55	29.65	29.66	S W	Clear	28	62	
23 Tues.	39	62	55	29.68	29.73	29.73	S W	Clear	35	63	
24 Wed.	48	66	60	29.66	29.61	29.53	S W	Clear	37	62	Shower in the night. High wind.
25 Thur.	51	68	56	29.58	29.51	29.30	S W	Clear	46	65	Showers, splendid rainbow.
26 Frid.	46	58	56	29.25	29.31	29.32	N W	Clear	51	68	
27 Satur.	45	72	66	29.30	29.22	29.21	N W	Clear	41	70*	
28 Sun	54	60	44	29.21	29.24	29.32	N E	Clear	52	59	Cherry trees in blossom.
29 Mon.	44	49	44	29.50	29.59	29.53	N E	Rain	44	51	
30 Tues.	43	52	54	29.37	29.30	29.30	N E	Cloudy	41	54	

The month of April has been milder and more pleasant than has been known for many seasons. Thirteen days the thermometer has risen above 60°, and three above 70°. The highest has been 73, the lowest 28. It has been below the freezing point but three days during the month. The range of the barometer has been from 28.73 to 29.73.—The plants and trees named are on the hospital grounds, and none others will be noted. Following this rule, we may compare the different seasons accurately.

* It will be observed that the register thermometer does not always rise as high as the other at 2 o'clock. This is owing to its location—it being on the north side of the hospital building, where the sun never reflects. The others, from which the first columns are made, are on the east and west sides.

To Correspondents.—Dr. Hitchcock's report of cases is on file for insertion.

Married,—In Boston, Dr. J. M. Warren, to Miss Ann A. Crowninshield.—At Ithaca, N. Y., Dr. L. Hermance, of Auburn, to Miss Sarah Ferris.

Whole number of deaths in Boston for the week ending May 11, 29. Males, 14—females, 15.

Of consumption, 7—scarlet fever, 2—infantile, 2—stoppage in the bowels, 1—cramp, 1—croup, 2—lung fever, 1—spasms, 1—drowned, 2—gastritis, 1—dropsy, 1—old age, 1—fits, 1—puerperal fever, 1—liver complaint, 1—stillborn, 5.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Seventeen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 1, 1839. 2am6m

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

OUTLINES OF THE INSTITUTES OF MEDICINE,

Founded on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—" Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his inferences, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage.

" *New York*, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston. M 20.

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.

Oct. 17—lyeop

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, May 22, 1839. No. 15.

DR. COMSTOCK ON SCARLET FEVER.

[Concluded from page 218.]

We have mentioned the acetate of lead as a remedy for intestinal hemorrhage. But in a bleeding from the nose or any other part, we also rely much upon it, and have for more than twenty years used it; and never have we had it produce a symptom of painter's colic. But we always, as a preventive, combine opium with it, which in no case can be safely omitted. It is said by Dr. Stokes, of London, that the only instances in which he has known it act as a poison, were when it has been applied externally. Now it might be well to combine it with laudanum or *acetum opii*, even in thus using it. As to our infant patients, we may sometimes find it expedient to apply it to the bowels, when we cannot, from their resistance, administer it by the mouth. A solution with laudanum is then most eligible.

This may also be necessary in *diarrhœa*, of which we now proceed to treat. Carbonic acid gas, and sulphuretted hydrogen, are undoubtedly secreted by the mucous membrane of the intestines, to answer the purpose of aiding in the solution of solid food, and producing the peristaltic motion. But in excess they may be injurious, and give rise to diarrhœa, or tympanitis, or both; in which we have no better remedy than acetate of lead combined with opium and prepared chalk. But on the other hand, their secretion may be defective, when solid food may become injurious because its proper solvents are lacking. In which case, and as a general rule, it is safest to restrict our patient to a liquid diet. The over-secretion of acidity, giving rise to green dejections, is better corrected by prepared chalk than by magnesia; for the latter, probably by its meeting in the bowels with sulphuretted hydrogen, certainly sometimes distresses infants. When the bowels are decidedly tympanitic, an over-secretion of those acid gases, together with a diminished secretion of bile, are to be sought for as the cause. We have in rhubarb a deobstruent bitter which is adapted to such cases. This, with the pulvis hydrargyrum cum creta, are our best general remedies. And if any preparation of opium is indicated, Dover's powders, in small doses, are the best.

Blistering the abdomen, and the application of calomel to the blistered surface, deserve high commendation. If there be tenderness and pain, denoting inflammation, a few leeches may be applied. But if the pain arises from distention only, they will do harm. Rubbing the part with spirits of turpentine is a good substitute for blisters. Injections of the same are useful in the bowel complaints of children ; also carminatives, especially aqua mentha. Whether spirits of turpentine be or be not an antiphlogistic remedy, its character is well established for curing inflamed surfaces. So sugar of lead is adapted to all hemorrhages, whether active, passive or traumatic.

Aphtha or thrush we have seldom seen in scarlatina. But it sometimes occurs, and is a mark of such an exhausted state of the system as to indicate great danger. We were called to a child of five years old, who had been very ill for five weeks, in which aphtha was one of its many morbid symptoms. Astringents may be locally used in such cases; still the good they do, if any, is local. A general tonic invigorating course of treatment will alone do permanent good. This child had been bled in the first stage, and finally failed. Aphtha is much easier prevented than cured. The tendency to such a result must be kept in view from the first attack. We have not known it when any of the preparations of cinchona were early and adequately used. It is not very easy, in every case, to distinguish aphtha from what is popularly called canker, and both may exist at the same time ; and both require astringents, tonics, detergents and demulcents. As the disorder is not confined to the mouth, but descends into the œsophagus and bowels, we must be careful to exclude all irritating ingesta. Milk, combined with a solution of catechu, sweetened with the purest white sugar, offers a remedial diet drink of much efficacy.

We have seen magnesia and rhubarb recommended. But we prefer the tinct. of rhubarb with saffron of the London College, and prepared chalk, to magnesia. The tinct. of rhubarb with cardamon seeds we would reject, owing to the acrimonious quality of the cardamon. If diarrhœa attend, a powder of creta ppt. 4 grains—acetate of lead 1 grain—pulv. opii 1-8 of a grain, intimately mixed, affords an efficacious remedy. It is to be given in simple syrup. And here it may be observed that in all the bowel complaints of infants and children, purified white sugar should alone be used. Brown sugar, molasses and honey, are to be rejected.

The sudden attack by scarlet fever of persons in apparently perfect health, is a physiological phenomenon, philosophically very striking ; we mean when taken in connection with black stools, copious eruption, and the rapid issue of gangrene. It would seem impossible for such rapid deterioration to take place in three days, or even less. We must then conclude that the morbific materials exist before they act, and that a sanative tendency in the system resists the morbid impression for a while, but is compelled at last to yield to the superior force of the enemy, when that force is fully concentrated. Local disease arises from constitutional affections—and systematic from causes purely local.

A man, having suffered for twelve or fourteen years the extremity of pain, had a respite of three years, when an attack of his former excruciating agonies carried him off in three weeks. Yet that in these three years the same causes were in existence, which occasioned so much distress for the fourteen years before, and killed him at last, was proved by *post-mortem* inspection ; for a large stone was found in his bladder, the nucleus of which must have descended from the kidney, as the ureter was dilated so as to admit the finger, and one of his kidneys was entirely disorganized.* The *archeus* of Helmont was the *anima mundi*, or *vis plastica*, of the old philosophers, the *vis medicatrix* of Cullen, and the *natural cure* or *sanative tendency* of all those who wish to be clearly understood and not misled by technical phrases. It is this principle which resists death and aims at the restoration of health. The denial of such a principle seems to have proceeded from its having been too much extolled, and called *divine*. For that a divine energy should be overcome by disease, and permit the human frame to suffer, and finally to be destroyed by death, seemed mysterious. *Adjectives* have caused more disputes and acrimony in the world, when used to laud too high, or sink too low, than all language besides.

The chicken-pox pustules, which sometimes appear after scarlet fever, were called *scarlatina variolodes* by Sauvages. They do not very much resemble either smallpox or chickenpox, however, usually being somewhat larger and without purulency, and only filled with flatus.

Emetics act as stimulants to the whole system. Hence their propriety in those cases which require evacuant stimulants. And hence their impropriety in diseases very highly inflammatory, until after bloodletting. Such, however, are seldom if ever found in scarlatina.

In those cases which have a difficult breathing from the beginning, there is a tendency to croup ; one disease of the throat and respiratory organs being prone to run into another. But even in such cases there is risk in bleeding much. Leeches over the trachea are safest, if bleeding is decided on. These are to be followed with a full emetic of antimony, or turpeth mineral. Then a full opiate is to be given ; and then the outside of the throat is to be inflamed by rubbing on aq. ammonia, with camphor and alcohol, in mixture—or spirits of turpentine—or liniment of ammonia, which consists of olive oil two parts, aqua ammonia one part. Some prefer applying tobacco to the throat. The throat itself is not to be blistered, but an emplastrum cantharides between the shoulders is never to be omitted. If leeches do not draw a sufficiency of blood, the temporal artery may be opened. Flannel wrung out of hot water may be applied to the throat and upper thorax.

Dr. Good and Dr. Perceval thought putrid sore throat and scarlatina the same disease, because, as they believed, they both proceeded from the same contagion. Dr. Withering, who considered scarlatina to be inflammatory, still held that it was utterly improper to let blood in it. But he would give repeated emetics. Like other malignant epidemics, it simulates the action of narcotic poisons, in which the arterial blood sent to the brain is accelerated, and the venous blood coming thence retarded. Alcohol, which may be classed among the narcotics, presents the like phenomena. Hence emetics are indicated in each of these predicaments.

There is one view relating to contagion, which we will notice, as we have thrown off the shackles of theory and are only anxious for truth. If the several names at the head of this article, and others which we have not enumerated, point only to one disease—if it appears sometimes in points, sometimes in blushes, sometimes in patches, and sometimes in one uniform mahogany-colored surface, and sometimes without any of these, but in the form of a malignant throat distemper only—and if, as Dr. Darwin says, it appears in all *degrees of virulence, from a flea-bite to the plague*—many may have had it without scarce knowing it at the time, and with so little suffering that they and their friends may have forgotten it entirely. This is one view which I have taken in relation to its apparent non-contagiousness. But then, on the other hand, its spontaneous origin presents an impenetrable barrier. For if it can be once proved that a disease originates spontaneously, which in this disease it can be, then there seems no possibility of proving that one member of a family takes it from another. Contagion is a modern doctrine, Sydenham never once hinting at the contagiousness even of small-pox. A character, who for minute observation the English physicians think cannot be equalled in the known world, did not perceive that small-pox was contagious!

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* A water-melon seed in the trachea of a child, displayed its effects only in paroxysms of suffocation threatening death. In the intervals the little fellow was at play about the room. See a case by Dr. Wells, in the American Medical Journal, No. XIX., page 28.

As four drops of ol. tiglia, rubbed around the navel, may be used in order to produce catharsis in adults, half the quantity may be applied for children, and one drop for infants. In a disease in which we find such extreme difficulty in administering medicine by the mouth, nothing is more necessary than to be apprised of the various substitutes which art affords. Rubbing a saturated solution of tartarised antimony into the inside of the arms, and inside the ankles, may be noticed as having the specific effects of the article, and a slight rubefacient effect on the parts.

We have referred to cold sponging the surface, as a means of counteracting (when combined with antiseptics) the putrid tendency, as well as to cool the fever. We can say nothing in favor of cold aspersion or dashing the whole body. We prefer sponging, and partial sponging only, as to the head, neck, breast, and palms of the hands. That the more extensive application of cold water may give relief for a short space, may be true. But then the future consequences ought to be well weighed by those who have the daring temerity to recommend or resort to it.

When this disease first invades a family or town, the prospect of recovery is less in those who are first seized than in subsequent cases. It would seem that its severity is thickest and heaviest in its front; which being afterwards diluted, so to speak, falls in a less acrimonious and appalling form on the many. It would seem, also, as if the powers of nature to resist disease increased after numbers were affected. For if death ensues, they do not succumb so soon.

We must sometimes alter a plan of treatment, which, upon reviewing, we cannot see but is entirely scientific and appropriate—and for no other reason than because it has not been successful. He is the greatest general who can the most speedily draw his army, and concentrate their force, to any given point. He is the most powerful speaker who can recollect all that he should say when he rises before a court, an assembly or jury—who omits nothing, nor wastes nor weakens by redundance. And he is the greatest physician who can the soonest relieve the symptoms and remove the causes of the suffering patient before him. An able general and an able physician call on their *reserve* only in time of need.

When scarlatina runs into its chronic stage, we shall find a train of perplexing symptoms, and such a state of debility as will require all the resources of art to rally the system. But here analogy must be called to our aid. Specific diatheses are lost, and extreme exhaustion presents much the same phenomena, let the preceding disease have been what it may. Stimulants, the most powerful and seemingly the most appropriate, will sometimes fail, and a favorable turn will be given to the disease of the almost dying patient, from some unlooked-for source—from contrariety instead of probability. I have often reflected with admiration upon a case of typhous fever in a young man aged 22 years, who had unceasing hiccups, wandering intellect, cold extremities, dilated pupils, small, frequent and feeble pulse, dry tongue, and in fact every sign of speedy dissolution. Notwithstanding that his physician had used opium, musk, camphor, blisters, sinapisms, ether, to the extent of 30 drops an hour, and hot fomentations of spirit and vinegar to the epigastrium, and punch to the amount of a pint in four hours—all without mitigating the direful train of symptoms—in fact, having exhausted all the usual resources of art in such cases, he seated himself by the bed-side of his patient, intending to find a favorable opportunity to apprise him of his hopeless situation. But he was very anxious to live, and asked, with emphasis, if no more could be done for him. The doctor replied that there was one remedy which he had not tried, but that it was a hazardous one and might expedite his death. But the sick man begged that remedies might be persisted in, however small the prospect of benefit. *Ice* was the contemplated remedy, given in substance. Ice was procured, it was broken into small pieces, and thrown for a short time into *warm water*, in order to melt off the sharp points and edges. Half an ounce at a time was the dose, which may be swallowed out of a table spoon with wine, gruel or lemonade. The patient took four ounces of the ice in an hour, drinking at the same time wine or *spirit whey*—having had warm fomentations applied to his abdomen and extremities at the same time. He was relieved immediately. His hiccups were suspended, and entirely ceased in two hours. But he continued the ice, as we are told, till he had taken nearly a pound. His recovery was speedy, and his cure complete. I ought to have mentioned that the stomach of this patient was very irritable, and that he vomited most of his medicines for three days before he took the ice—and that neither the effervescing draught, opium, nor any other medicine, allayed the puking or hiccups, until he took the ice.*

This case was brought to my mind whilst reflecting upon cold ablution in scarlet fever, which ought not to be used except under the limitations before mentioned—the irritation and terror being likely to do more harm than its tonic and febrifuge powers do good, especially to children. But in the exhibition of ice we have a powerful agent to produce vigor and tone, and at the same time to allay irritability and fever. And although Dr. Manley, in the case alluded to, entered upon its use with some apprehension, yet we consider it as immensely less hazardous than cold-water ablution, and as well adapted to that chronic state of debility, irritation, and vomiting, which sometimes perplexes us as a sequel of scarlet fever, as well as a cooling tonic febrifuge in its acute and primary stages. It may be administered to children in the fermenting decoction of bark, or in the imperial beverage already mentioned. The dose may be a scruple, increased to a drachm. General cold ablution never can come into common use, except in tropical climates. Ice given internally, and applied externally to the back of the neck and testicles, in epistaxis, and other hemorrhages, will display its excellence and command approbation by its effects. In delirium it may be applied to the head, enclosed in a bladder.

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* See New York Medical Repository for the full and excellent report of this case, by James R. Maney, M.D., of that city. New Series, No. I., Vol. VI., page 76. October, 1820.

Post-mortem dissections of fatal cases of scarlatina have been very rare both in this country and in England, because the pathology of the disease has been less involved than that of most other diseases. A case, however, lies before us, reported by Dr. Blackmore, physician of the Public Dispensary of Plymouth, England. It was that of a little girl about three years of age, who unexpectedly died on the tenth day. The result does not change the views heretofore entertained, and herein laid down—viz., that we ought to keep in strict view the putrid tendency. There was stupor in the patient, but not profound, just as we have observed. The child's face was tumid and of a purplish hue—the fever was slight. An ulcer was seen, as we are told, before death, behind each tonsil. The dissection was forty hours after dissolution. The brain and lungs were engorged with black blood. There was ʒiss. of bloody serum in the ventricles of the former. But no doubt the cause of death was owing to a gangrenous diathesis, as there was petechia, and the abdomen and legs were livid. We are also told that deep behind the tonsils, on the verge of the posterior nares, there were two large ulcers covered with very fetid matter, "*like soft, rotten cheese.*" There was no vestige of inflammation, and the writer inclines to impute the cause of death to congestion, or oppression of some vital organ. And we incline to impute this congestion, or oppression, to the tenderness of the minute vessels, induced by their near approach to putrescency, and probably occurring after death. So far as Dr. Blackmore could learn, this was the only case in which *post-mortem* dissection had taken place in England, nor do we now recollect a single one in this country.*

To conclude, we cannot but repeat that keeping the septic tendency of the disease in sight, and counteracting it, stands the fairest chance to prevent congestion and sphacelation, to counteract the fatal termination of the disease, to continue the patient in life, and restore him to health. Let emetics, calomel, counter-irritation by rubefacients, and especially the fermenting decoction of bark, with the nitro-muriatic acid, receive the attention which they merit.

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* This case, taken from the London Medical Gazette, may be seen in the Boston Medical and Surgical Journal, Vol. III., p. 320, No. 20.

Lebanon, Ct., April, 1839.

To the New-London County Medical Society, to which a part of the foregoing essay, in MS., was read at their annual meeting, April 11, 1839, *and who were pleased to express their approbation by a vote of thanks, it is respectfully dedicated, by the* AUTHOR.*

VALUE OF CREOSOTE.

BY ALFRED HITCHCOCK, M.D., ASHBY, MS.

[Communicated for the Boston Medical and Surgical Journal.]

Wound of the Trachea.—Mrs. Symonds, aged 40, on the 15th of May, 1838, in a fit of insanity cut her throat in a shocking manner with a razor. The wound was literally "from ear to ear," being between 7 and 8 inches in length. It was evidently made by several successive strokes of the instrument, from left to right, crossing the trachea a little below the thyroid cartilage; the right extremity of the incision terminating a little lower on the side of the neck than the commencement on the left. One of the rings of the trachea was entirely cut through, so that the point of the finger could easily be introduced into that tube. There were two or three other incisions into the trachea between the rings, of a size sufficient to introduce a common goose-quill. The external jugular vein on the right side was divided, where it crosses the sterno-cleido-mastoid muscle.

When I first saw the patient, less than half an hour from the accident, she was literally wallowing in blood, in a state of partial syncope, and respiration entirely carried on through the wound in the trachea. She was immediately removed to a bed, and the wound washed with cold water. One of the thyroid arteries bled profusely, and was immediately secured by ligature. The whole wound was then washed with a mixture of one part creosote to ten of water. All the hemorrhage and oozing of blood immediately ceased. The lower portion of the divided jugular had retracted into the cellular tissue, and was not sought for, fearing the admission of air. The upper extremity was patulous and slightly projecting. A dossil of lint, wet with the creosote mixture, was applied over the mouth of the open vessel, secured by compress and adhesive plaster. The incisions in the trachea were closed with fine silk ligatures through the cellular tissue on the cartilages. Several mutilated shreds of cellular tissue and muscle were cut away, and the whole wound closed with suture and adhesive strips. There was no return of the hemorrhage, and the wound was perfectly healed in a few weeks. For several months she could speak only in a whisper. She speaks audibly and nearly natural now, though not without evident effort to conceal her misfortune.

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* In explanation of the above, it may be well to state that the essay was written expressly for this Journal, but being in possession of the author at the above-named meeting, part of it was, by request, read to the members.—ED.

Wound of the Hand.—Mr. Shelden had his left hand shattered by the bursting of a gun at a "sham-fight," October 13th, 1838. The whole integuments of the index, the middle and ring fingers, were blown off to within an inch of the hand, leaving the tendons and bones naked and broken. The first and second joints of the little finger were also denuded on the palmar surface. The metacarpal bones of the index and middle fingers were separated by a split two and a half inches in extent on the dorsal aspect, and reaching to the wrist through the palm of the hand. There were several other deep fissures in the palm of the hand, besides several smaller injuries and contusions; and the whole very much scorched and blackened by powder. The mutilated hand was cleaned as perfectly as possible; two joints and a half of the index, the middle and ring fingers were sawn off, and the integuments drawn down to cover the bones; and the whole hand washed with the creosote mixture. At the subsequent dressings an ointment was freely applied to the hand, composed of half a drachm of creosote to an ounce of simple cerate.

The hand suppurated and granulated kindly, and was perfectly healed in five weeks, without sloughing or any untoward symptom; although it was highly probable at the first dressing that there would be some sloughing of the contused tissues. The last part of the little finger was restored by granulation, and is now, though slightly curved, a very useful addendum to the unfortunate soldier's hand.

Incipient Gangrene.—Miss Wilder, æt. 23, was attacked in November, 1838, with typhous fever. The symptoms were urgent, and at times truly alarming for the first three weeks—intense gastric irritation and constant delirium. During the fourth week the disease seemed to yield, and something like a crisis occurred in the shape of profuse sweats and diarrhœa. Unexpectedly, however, two large spots of gangrene suddenly occurred—one on the lower part of the sacrum, a little to the right of the median line; the other on the left side, a little below and behind the trochanter major. About the same time, also, there was a tumefaction behind the trochanter major of the right side, which was eventually the point of profuse suppuration; a pint of pus being discharged at the first opening, and daily formations and discharges continuing for several weeks.

The undiluted creosote was applied several times daily to the gangrenous patches on their first appearance, and a plaster applied, composed of Burgundy pitch, opium, camphor, and oil turpentine, equal parts. The second day of these applications the progress of the gangrene was arrested, and the fourth day the line of separation was completely formed. The two patches were nearly circular, one of them two and a half and the other four and a half inches in diameter, and from one to three inches deep at different points after the sloughs were all removed. During the separation of the sloughs, which was tedious and difficult, they were dressed with the creosote ointment. The healing process proceeded kindly, after the separation of the sloughs, and in three months they were perfectly cicatrized.

At the first appearance of gangrene the patient took camphor, opium and carb. ammonia, in large doses, at regular intervals, and also the muriated tincture of iron. During convalescence, besides occasional doses of opium, she took two pounds of carb. ferri and one oz. sulphate quinia. When catharsis was indicated she took castor oil and turpentine. She now enjoys good health.

In the foregoing cases I am confident the creosote acted powerfully as a styptic and antiseptic; but whether my mode of combining it is the most proper, I leave for others of more experience to decide.

May, 1839.

A FŒTUS WITH TWO HEADS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I take the liberty of reporting a case of singular deformity, which if you should think proper, you can insert in your Medical Journal.

On the morning of the 25th of April last, I was called to visit Mrs. D., in labor with her fourth child, about four miles from this village. I arrived about 1 o'clock, A. M., and found her in severe labor. She informed me her pains had been increasing for about two hours. On examination, after placing her on her left side, I found the membranes distended with their fluid; but I could not discover the fœtus by the touch. I avoided rupturing the membranes as much as possible, trusting to the fœtus to settle in the fluid, and suffered them to give way. The head on the right side presented, with the face to the os pubis. With some difficulty the head passed, but the labor did not propel it further. On further examination, I found the funis passing over the shoulder on the left side. In search for the shoulder, I found a hard substance, resembling a head, and soon discovered a union of the two. I succeeded in raising it, and by the assistance of a pain lodged it on the side of the neck of the first head, and in eight or ten minutes delivered my patient of a stillborn male child, that would weigh about twelve pounds, with two regular heads and necks, of the usual size, and with fair features. No difficulty with the placenta. Mrs. D. was in labor about one hour and a quarter after I arrived at the house. She is convalescing as fast as women generally do after severe labor.

The child appears broader across the sternum than children usually are. The necks are at a suitable distance apart, sufficiently so to allow each head to stand erect without interfering with the other. At the junction of the shoulders, in place of one or two regular arms, there is a straight, firm bone, of a conical shape, about five or six inches in length, apparently in a socket, base down, regularly articulated to the transverse spinous process junction of the two spines. There are three clavicles; the two lateral arms are in their proper position. There are evidently two spines extending to the os sacrum, and connected by the transverse processes of the vertebræ of the back. The lower extremities are natural.

I have stated the case briefly, as it appears from external examination. It seems to be similar to a deformed fœtus reported by Professor W. E.

Horner, of Pennsylvania, in the 8th volume of the American Journal of Medical Sciences, in 1831.

I have nothing further to add, unless I inform you that I invited one of my medical friends of the village to accompany me in the afternoon to examine the child. We succeeded in prevailing on the parents to permit us to take it and preserve it in a careful manner, for the inspection of the medical faculty. Your most obedient humble servant,

Oswego, N. Y., May 4th, 1839. WM. BAKER.

DE FUNGO ARTICULARI.*

[Communicated for the Boston Medical and Surgical Journal.]

SOME time since a work upon this subject was received by us from Copenhagen, and which want of time has hitherto prevented us from noticing as it should be.

After giving, in his introduction, the opinion of a vast number of authors, among whom are Bell, Heister, Boyer, Lisfranc, Brodie, Scott, Russell, and, last of all, Rust, upon whom our author seems most to rely, and the majority of whose remarks he echoes, the following original opinion is adduced. " In this, as in all diseases, pathological anatomy affords the surest notions of their nature and seat ; still the alteration effected by the disease, in and around the articulation, will prevent any certain inference being drawn from an examination of the limb, with regard to the nature of the disease. Another reason for obscurity is, that while the disease is common with us and in Britain, as well as Holland (in those regions where scrofula is endemic), it rarely occurs in France, Italy and Southern Germany, which accounts for its merely casual mention by Desault, Dupuytren and Larrey."

The first and second chapters are devoted respectively to the various names of the disease, and its respective divisions and species ; passing by these, we come to one of the most important chapters—the third—" a description of the fungus articularis "—divided by the writer into three stages, and as near as possible we shall give his own language.

" When acute inflammation arises from external lesion, or any other cause, there is an expanded and tense tumor, with increased pain on motion or pressure ; in a shorter or longer time the swelling and pain diminish, and the disease takes on a chronic form. If rheumatism be the cause, at the beginning of the disease we have swelling with a sense of heat, painful, rubescent, and often elastic, which comes on with the rheumatic fever, or some days after. In the course of eight or ten days the febrile and inflammatory symptoms cease, a cold, soft and fungous intumescence arises, and the chronic state results. But more usually the disease is chronic from its origin, and the first stage follows this order.

" At first there is complaint with a slight rigidity and swelling, covering the anterior surface of the knee, but not very prominent. Pain is either absent or slight ; there is, however, inconvenience on motion, sensibly increased by flexion or extension. After resting some time, a sense of weight and debility is felt in the whole extremity, with increased sensibility. For the purpose of diminishing the pain, and also on account of the rigidity of the limb, the patient keeps it immoveable and curved, and walks, if at all, only on his toes, with the trunk inclined forwards, and his hand on the knee. The skin is unchanged in color or external appearance; the constitution is good, appetite unimpaired, and the evil is little thought of by the invalid or his friends. But Rust says there is in this stage a great depression of mind and languid appearance.

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* De Fungo Articulari dissertatio, quam ad summos in medicina honores inter publica solemnia ob ecclesiam ante trecentos annos apud nos reformatam rite obtinendos publice defendere conabitur auctor. Michael Djöuep.

"If no occasional cause accelerates the disease, the symptoms may go on slowly increasing for weeks, months, and even years, before the *second stage.*

"In this stage the tumor increases in size and prominence, becomes soft and fungous, giving rise to a deep fluctuation. The softening is not always constant, but varying in degree; the cellular texture receives, but does not retain, the impression of the fingers. This spurious fluctuation is so marked, that it has been mistaken for a preternatural collection of fluid in the cavity of the joint. The form of the tumor is changed, and the region of the knee becomes round and globose. The popliteal cavity is swollen, but not in the same proportion with the anterior and lateral parts of the knee. The skin is so stretched by the increase of the tumor, that it cannot be folded, but becomes polished and shining, of a pale livid or rubescent color, not equally diffused, but as if striated by the capillaries seen through the cuticle.

"The pains are greater, more continuous, and confined to the knee; first attacking single spots, which are painful to the touch and hotter than the neighboring cuticle, extending to the whole knee, not only increased by touch and motion, but with nightly exacerbations preventing sleep. To this state of things gradually succeeds hectic fever, with prostration, loss of appetite, emaciation of the whole body, and especially of the limb affected, rather below than above the knee. The inguinal glands are not unfrequently swollen.

"Finally comes the *third stage.* Now the spots, before prominent and painful, become red or purple, and take on true softening and fluctuation by the formation of single small abscesses. The leg becomes œdematous, with pain in the interior of the joint. The abscesses at length discharge a thin, fœtid, bloody fluid, containing pellucid, flocculent and albuminous particles, like the matter of scrofulous abscesses. These never heal, but may become crusted over with fistulæ and ulcers, extending in various directions to a great depth, and at the bottom we find the capsular ligament corroded and the extremities of the bones denuded. The hectic increases, colliquative symptoms arise, with emaciation, depression and anxiety, and unless amputation be performed in season, death will ensue from this secondary cause. The lungs and mesenteric glands are often affected in this stage. In some cases the leg is kept in a flexed position and cannot be straightened, yet sometimes the very reverse is the case. The length of duration of the disease varies from a few weeks to fourteen or fifteen years; usually chronic in its course, several months or even years may elapse before it comes to a crisis. In the first stage it may for a time seem to recover, but will eventually relapse."

Having thus allowed the disease to run through its three stages, the advantages to be drawn from pathological anatomy will be very small; and in fact the author, notwithstanding his assertion in the former part of the work of its importance, draws no new inference from what he sees, and sees no more than all those, to whom he refers, have seen before him. He does, however, say, that "because the knee is more exposed to this disease than the other articulations, and because this articulation is surrounded by aponeurotic membranes and much cellular texture, therefore we may conclude that its primary seat is in the soft parts without the joint." And in a succeeding chapter, "from what has been said it must be seen, that fungus articularis, if not always of scrofulous origin, is more frequently owing to this cause than to rheumatism." With regard to the prognosis, notwithstanding the remark extracted from a prior chapter, he says, that "the disease can be entirely cured, if it is in the first stage, and if the conditions which favor scrofulous cachexia can be removed"—truly a most righteous conclusion, and, like much medical and surgical logic, amounts to this, that the disease can be cured by removing the causes. "A perfect cure can scarcely be expected in the second stage, but when the body is not too much prostrated our indication is by suitable medication to prevent its farther progress; partial anchylosis may take place, but never complete." "In the third stage the only remedy is amputation, which is often performed without success, the invalid being obliged to succumb to the hectic."

"Let us neglect the general treatment, which of course is antiphlogistic, and have reference only to local treatment. Perfect rest is requisite during the inflammatory stage, but when this yields and rigidity of the limb remains, motion may be allowed to prevent anchylosis, to be desisted from on the slightest pain. General depletion not so convenient as local by leeches, varying in number and times of application according to age and habit of the patient, &c. In my opinion, cupping occasions more pain and topical irritation, and therefore must give place to leeches. In case of topical inflammation, besides local depletion, cold fomentations of water mixed with vinegar, lead wash, &c.; if the inflammation be sub-acute and chronic, mercurial inunctions are without doubt best suited—so mild that they can be applied for an hour at a time without causing salivation. When the inflammation has been subdued, iodine or its compounds will be found of great benefit."

When, notwithstanding these remedies, the disease runs on to the *second stage*, then, in addition to powerful internal resolvents (always having regard to the general health of the patient), those external remedies are to be employed which favor the absorption of the preternatural deposit, and prevent further morbific secretion. "Among the most important of these means is vesication, either a perpetual one covering the whole tumor, alternate occupation of half the tumor, or, lastly, a continual succession of small blisters around the tumor. Too great irritation or febrile symptoms may, however, prevent their use."

"There are various other applications, such as cortex mezerei; or, as Brodie recommends, a liniment of one part sulphuric acid to three parts of olive oil; issues between the head of the tibia and the fibula; setons, moxas; but, generally speaking, they increase the inflammation already existing. Turning from this point, we will now direct our attention to those remedies which promote absorption; and the first of these is the douche of warm water. It should be as hot as the patient can bear, and thrown from seven or eight feet, the width of the stream about that of the thumb. Fomentations of chamomile flowers or culinary salt, applied half an hour at a time, and three or four times in the day, are of great benefit; the vapor of warm water, too, electricity and galvanism, may also be tried, but are not usually of any real benefit.

"More recently compression,[*] by means of adhesive straps, has been attended with some success. After the use of all these remedies, however, there is apt to remain a rigidity of the limb, even if it does not go on to the next stage, to be removed by subsequent treatment calculated to remove anchylosis."

In the third stage amputation is the only hope of recovery to health. In Boyer's "Traité des Maladies Chirurgicales," directions are given when it should be omitted. Authors differ very much in what they consider a proper time for the operation, some being of the opinion that it should be performed early, and others delaying it till the very last moment. Excision has been tried, but with very doubtful success. Should amputation be objected to, of course the treatment can only be palliative, such as attention to the general health; narcotics, internal and external, if the pain is vehement, or emollients where abscesses have begun to form in the soft parts. Lisfranc has adopted rather a different course of treatment, and we will close by referring the reader to that author. L.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, MAY 22, 1839.

CANCER OF THE TONGUE.

An operation of an interesting character was performed at the Massachusetts General Hospital, on Saturday the 11th inst. A man of middle age, who had long been accustomed to smoking, on being connected with a factory was forbidden to indulge in his old habit—probably on account of the danger arising from fire. He therefore, as a substitute, commenced chewing tobacco, and established the habit of always keeping the quid in a particular place in the mouth, by the side of the tongue. It was at this point of contact that the cancer was developed. The operation was adroitly performed, and the blood staunched by the application of the actual cautery.

Cancer of the Breast.—A second operation on the same breast was also performed upon a female. Two indurated glands were removed from the axilla.

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[*] A case recently came under the observation of the compiler of this article, in which the disease had reached the second stage before medical treatment was fairly resorted to. Great constitutional affection and much local disease were present, which were greatly relieved by the application of the starch bandage by Dr. Lewis. The case being still under treatment, the issue cannot be known.

Extract of Red Clover (*Trifolium pratens*).—At the Shaker village of Canterbury, N. H., this article has been prepared several years, and with the families of that community, and others, who have received decidedly beneficial results from its application, it has a high reputation. We are assured by Dr. Corbett that on ulcerated surfaces, deep, ragged-edged and otherwise badly conditioned burns, there is nothing to be compared with it. In connection with a peculiar soothing property which it imparts to an inflamed, irritable sore, it proves an efficacious detergent, and promotes a healthful granulation. As the process of making the extract is exceedingly simple, the material being abundant both in the field and by the way side, it is worth the immediate attention of general practitioners, from some of whom we hope to hear a good report of its medicinal virtues.

Rocking Truss.—Dr. Corbett's ingenious invention, which has been frequently mentioned with commendation in our Journal, appears to be making friends wherever it goes. Like its unpretending contriver, there is nothing particularly striking about it at first sight, but time shows it to be appropriate in affording that sort of relief which it is the office of such instruments to effect. They are on sale at Kidder's, corner of Hanover and Court streets, and are left with Dr. Leech, also, in Hanover street, who understands the application of trusses better, perhaps, than any other person in Massachusetts.

Preservation of Sight.—There is a professed oculist and aurist in London, whose name is quite familiar to the people of England, John Harrison Curtis, Esq. who has been exceedingly industrious for many years in placing before the public, plain, easily-understood essays on the best mode of treatment of some of the organs of sense, when partially diseased. His charts of the anatomy of the eye are unsurpassed for beauty of execution, and to the medical student, especially, are of immense advantage. The third edition of a duodecimo pamphlet, entitled "*Observations on the preservation of sight, and on the choice, use and abuse of spectacles, reading glasses, &c.*," is a very proper publication for those to peruse who begin to discover the approach of old age in a waning vision; and were it re-printed here could not be otherwise than acceptable to all classes. The writer shows a thorough and scientific acquaintance with the subject, which is an important recommendation. He deprecates the abuse of spectacles, in a way that is calculated to prevent a great evil, provided the reader is willing to be influenced by cogent reasonings and facts. About as many eyes are ruined by the premature use of glasses, as are benefited by them when absolute necessity obliges persons to resort to their habitual use. The treatise is for sale at Ticknor's, Washington street.

Dr. Mitchell's Address.—Notwithstanding our contemporary journalists are in advance of us in noticing this creditable performance—as soon as a copy was received, it was read, and with much satisfaction. The author seems to be a philosopher as well as teacher of his profession, and gives advice which is worth committing to memory by any one in the practice of physic ;—it is an old inscription on the Continental money, viz., "*mind your own business.*" Should any one be influenced by this sage hint, he would be entitled to respect, since it is a virtue in these times, in the estimation of many, to do this part of one's duty.

Dr. Mitchell, professor of materia medica and therapeutics in Transylvania University, gave this discourse at the commencement of the late lecture term. It met the decided approbation of the class ; and it is creditable to their good sense and judgment that it was solicited for the press. It is due to the respectability of Dr. Mitchell, both as a gentleman and a professor, that a better comment should be made on the pamphlet; but our apology is, that several articles have been kept so long from the pages for which they were intended weeks ago, that they must no longer be delayed.

Massachusetts Medical Society—Annual Meeting.—Instead of assembling at the Athenæum, as in past years, the fellows will meet at the Masonic Temple, Tremont street, opposite the mall, on Wednesday, May 29th, at 10 o clock, A. M.

Legislative Medical Committee.—It will be recollected that J. S. Bartlett, M.D., of Marblehead, petitioned the Legislature of Massachusetts, at their last session, praying that the charter of the Massachusetts Medical Society " may be declared void, and that he may obtain such redress of his grievances as the legislature can alone afford," &c. The business was referred to a select committee, and the memorialist and the agents of the Society were heard. Testimony—some of it of very little consequence, one way or the other—together with cross questionings by council, and a multitude of collateral things, twisted and twined to have a bearing on the controversy, are all elaborately detailed in the report of the committee, which has just been given to the public. The document will be widely circulated, and in reading it, various conclusions will be drawn. We are informed that Dr. Bartlett is making ready for the next meeting of the General Court ; in the mean time copies of the report may be procured by addressing the Secretary of State, Col. Bigelow, at the State House.

Medical Miscellany.—Dr. Elisha Huntington has been elected mayor of Lowell. A majority of the mayors of all the cities in Europe, as well as America, at the present moment, are believed to be physicians.—A young man of this city, accidentally wounded himself with a long-bladed knife, by cutting off the femoral artery, and bled to death before any assistance could be rendered.—The number of victims to accidents in the coal mines of Leige, within the last seven years, was 243, besides 83 wounded.—Cases of smallpox were brought in the steamship Liverpool, to the New York Quarantine Ground.—" The Doctor " is the name of a miserable little quarto-sheet herald of quackery, published at New York, edited by one Evans, of chamomile distinction.—There are seventy-one medical students attending lectures at the Maine School, at Brunswick—so says the catalogue.—A committee of the British Association for the Advancement of Science, has been appointed to consider and report on the instruments best adapted for assisting hearing in cases of deafness. The committee will receive instruments or apparatus designed for that purpose, to be sent, free of expense, to the care of Messrs. Taylor, Red Lion Court, Fleet street, London.

To Correspondents.—The communications of Dr. Sewall, of Washington, and of R. A. M., were received too late for this No. of the Journal.

Married,—In Sturbridge, Ms., Dr. Wm. S. Saunders, to Miss Mary B. Bullard.

Died,—At Williston, Vt., Dr. Jonathan Bassett, 49.—At New York, Dr. Lorenzo F. Warren, 27.—At Little Rock, Arkansas, Dr. Benjamin Kittredge, 45.

Whole number of deaths in Boston for the week ending May 18, 25. Males, 14—females, 11.

Of consumption, 3—dropsy on the brain, 1—erysipelas, 1—scarlet fever, 7—teething, 1—old age, 1—pleurisy, 1—drowned, 2—inflammatory fever, 1—lung fever, 2—palsy, 1—disease of the heart, 1—apoplexy, 1—delirium tremens, 1—stillborn, 2.

MASSACHUSETTS MEDICAL SOCIETY.

The Annual Meeting of the Massachusetts Medical Society will be held at the Temple, Tremont street, on Wednesday, 29th inst., at 10 o'clock, A. M.

The annual discourse will be delivered at 10 o'clock, by Enoch Hale, M.D.

Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend.

A stated meeting of the Counsellors will be held on the day following, at the Society's Room, Athenæum Buildings, Pearl street. S. D. TOWNSEND, Recording Secretary.

M. 22—2w

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

MEDICAL STAND IN NEW YORK STATE.

A good location for a physician in a pleasant little village on the Erie Canal, a few miles from the city of Rochester, may be obtained by the purchase of buildings and lot, worth about $1200. Name of the physician wishing to sell, and of the town, may be learned by application at this office—if by mail, post paid. M 3—

TO PHYSICIANS.

A physician, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is as eligible for a physician as can be found in the State. For particulars, inquire at this office.

A. 10—5t*

NOTICE.

A physician in Grafton Co., N. H., of fifteen years' experience, wishes to exchange residence, to make collections and better his family. Undoubted reference as to character and professional merit can be had at this office. Partnership with a person wishing to retire from the laborious duties of the profession would be acceptable. A 24.—eop6w

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, May 29, 1839. No. 16.

EXTRAORDINARY TENDENCY TO THE FORMATION OF URINARY CALCULI.

BY THOMAS SEWALL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Salvador Catalano, aged 72, a native of Italy, came to this country in 1805, in the capacity of sailing master. Soon after his arrival he was employed by our government, in the Navy Yard at Washington, as an inspector of ordnance. He had hitherto possessed a robust and vigorous constitution, and a remarkable exemption from bodily infirmity. About twenty years since, while at work in the yard, he received a severe blow over the loins from an iron bar. Immediately after the accident he felt a desire to void urine, and upon making the effort, discharged a considerable quantity of this fluid, mixed with blood. This was followed by severe pain in the region of the kidneys, attended with symptomatic fever; but after a few weeks' confinement, he was so far relieved as to return to his accustomed occupation. From this time he suffered more or less from weakness and stiffness of the loins, and from pain in the region of the kidneys, ureters and bladder, which occasionally extended down the thighs to the knees, and when most severe was followed by a swelling of the testes.

About four years from the time of the accident, having suffered for some days from an attack of acute pain travelling down in the direction of the left ureter, he discovered in his urine a number of calculi, about the eighth of an inch in diameter, ragged and angular. From this time he was induced to inspect his urine as it was discharged, and to filtrate it, and found that it yielded from a half to a full teaspoon of calculi daily. For one or two years he preserved the calculi thus collected, placing the product of each day in an apartment by itself. Within a few days I have examined his cabinet of calculi, consisting of several hundred parcels, which he preserves as a curiosity, and values above all price. From the slight examination I made, I should judge that each parcel contained from twenty grains to two drachms. They were obtained by first filtrating the urine, and then washing the residuum in several waters, so that a considerable portion of the finer part of the concretions were washed away, as he told me, with the dregs.

This patient still continues to discharge about the same amount of calculi as formerly, and from the account which he gave me, and from the specimens in his possession, I should suppose that the kidneys must have elaborated not less than one drachm daily for the last fifteen years, amounting in all to a little more than forty-five pounds.

I have had no opportunity of ascertaining the chemical composition of this formation, as no analysis has been made; but judging from appearance, there is a difference in the constitution of the portions voided at different times, as they are somewhat various in color, as well as in texture and size.

For some years the habits of Catalano have been sedentary. He lives mostly on vegetable food, with a small proportion of animal broth, and takes a few glasses of gin and water daily. He also drinks freely of melon and flax-seed tea, and also elm and other mucilaginous diuretic preparations. But the article from which he derives the most benefit, is the Harlem oil, which he takes in doses of twenty-five drops every other night. This medicine, he assures me, not only acts as a diuretic, but prevents the formation of calculi of large size, and that when he takes it the most freely the concretions are voided in the form of sand.

I have regretted that this patient could not be placed under the inspection of Dr. Charles T. Jackson, of Boston, who has devoted much attention to this subject, as it seems to afford a favorable opportunity for ascertaining, by a series of experiments, the influence of medicine, and the different kinds of diet, &c. upon the formation and chemical constitution of urinary calculi.

Washington City, May 8, 1839.

CASE OF ACUTE HEPATITIS.

BY N. H. ALLEN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The following case will fully illustrate the importance of keeping constantly in mind the old adage, "*nil desperandum*," and will also show the influence which calomel, in large doses, is able to effect over the diseases of the liver.

On the 28th of June, 1838, I visited John Foster, and found him laboring under a severe attack of acute hepatitis. He was a laborer of about 38 years of age, and previous to his illness he had been at work on the breakwater then being built at the entrance of Portland harbor. Three days before I saw him, he had received a hurt in the region of the liver, but still continued to work during the whole of one day, regardless of the injury. On the day after the receipt of the hurt, he was attacked with severe pain in the liver, accompanied with violent vomiting. The pain and other alarming symptoms continued to increase, and on the third day of his sickness, when I saw him, he was in the following condition. Every part of the surface of his body was literally as yellow as an orange; his countenance wore a bloated and deathly aspect; his pulse was exceedingly rapid, and so feeble as to be scarcely perceptible; the tongue was very thickly coated with a dark-brown fur; his bowels had not been moved since the receipt of the injury, and he was complaining of the most excruciating pain through the region of the liver and back; the region below the liver was very much swollen, and excessively tender to the touch, and his back and whole system were so much affected that he could not bear the least movement, without crying out as loud as his now nearly exhausted powers of life would permit. Indeed, he appeared, in everything, like a dying man, and had already been given up to his fate by the attending physician.

Under these circumstances his case looked desperate indeed, and seemed to call for the exertion of something more than human skill to snatch him from the grave. At first I declined doing anything for him, looking upon his case as an irremediable one; but at the urgent solicitation of his friends, I consented to prescribe. He had already been bled to a great extent, and the region of the liver had been blistered. I therefore took no more blood, but ordered ten grains of calomel to be administered to him every hour, and hot fomentations to be applied to his side and back.

29th. I saw him again, and found him somewhat relieved of pain. Ordered the calomel to be continued, with the addition of ten grains of jalap to each dose.

30th. The calomel had not as yet operated as a purge; mouth a little affected. Ceased giving the calomel; ordered an injection, and gave a dose of castor oil, to which was added one drop of the croton oil. The next day, when I saw him, at two o'clock, P. M., he had had free evacuations from the bowels; pain in the region of the liver nearly subsided; and, indeed, he appeared better in every sense of the word.

From this time he continued to improve daily, and in two weeks he was able to go out. His skin, however, wore a yellow tinge a long while, it being more than a month before it assumed its natural color.

In this case more than an ounce of calomel was given; and it appeared to be the chief agent, the *magnum remedium*, although by some it may be called the *anceps remedium*, in effecting the cure.

Gray, Me., April, 1839.

EFFECTS OF TOBACCO ON THE VOICE OF PUBLIC SPEAKERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The use of tobacco, I perceive, is exciting some attention in the Journal. I should like to make a few remarks, and if I do not agree with those who as moral reformers proscribe it as a useless, disgusting and dirty practice, absolutely deleterious and destructive to health, it is not because I am an advocate for its use; for it is a very disgusting sight, whether from association, prejudice, or whatever other cause, to my eyes. But truth is to be followed, wherever it may lead us, and our sensibilities must succumb.

I have not had much experience as it regards clergymen, and the effects that tobacco has on the voice of public speakers. But I have had some knowledge of its use in almost all other classes in society; have used it myself in smoking, more or less, for upwards of thirty years; and though I have heard it proscribed by the more sensitive of physicians and others, still I was not, and am not now, able to discover that its effects on the nervous or general system are so pernicious as many would have us to believe, and, among them, Dr. Woodward. I should like to believe that the effects are deleterious, for I do think it a very idle, unseemly and unsightly practice ; and I hope Dr. Woodward will, in his promised communication, be able to prove that the use of it is hurtful. But while we see so many in the constant use of it, and apparently enjoying good health, it is difficult to believe that it militates against health in any considerable degree. Its first effects, we know, are powerful and dangerous, producing sickness, tremors, cold sweats, &c. ; but after the system becomes a little accustomed to its use, it is constantly exposed to its influence without any sensible good or bad effects. That snuff affects the voice, will not be denied ; but it is a question whether the *power* of the voice is affected, even by snuff. The voice takes an unpleasant sound, owing to the nasal passages, as I view it, being thickened and closed, by the continued stimulus of the snuff.

It does appear to me, so far as my observation has extended, that the class of people who use tobacco, in chewing or smoking, are the most robust and healthy part of the community. None chew and smoke more than sailors, and certainly they are a hardy and robust class. Many elderly women are confined to their pipe as to their food, smoking regularly after every meal, and live to a good old age.*

A word with respect to its leading to drinking. I am inclined to the opinion that drinking leads to smoking, rather than the reverse. The cigar is used to while away the time till another glass is wanted. They are so far connected and associated. But the use of tobacco calls moisture into the mouth, and would therefore seem to preclude the necessity of frequent drinking. Chewers and smokers spit a great deal, and it is this effect of the tobacco that is the most disgusting ; although I know many who do not spit at all, but swallow all the increase of saliva made by the tobacco, and apparently without any of the specific effects upon the system. R. A. M.

Topsfield, Ms., May 15, 1839.

LOSS OF VOICE AND HEALTH IN CLERGYMEN.—NO. I.

[Communicated for the Boston Medical and Surgical Journal.]

My father was a Congregational clergyman, and from that circumstance I had an early knowledge of many of his brethren in the vicinity. From fifty-five to sixty years ago, I well recollect a neighboring minister who had lost his voice, so as often to be unable to speak above a whisper. He continued to preach, but his efforts were very disagreeable to all but his own parishioners, who were accustomed to hear him. The difficulty was said to be the result of ill health, which he experienced in his early ministry. He was well when I knew him, however, and lived to be upwards of seventy years of age, preaching till within a year or two of his death. He was of a convivial turn, quite a smoker, and indulged full as freely in flip and toddy, as was compatible with his dignity and character, at that day.

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* I know several men who have constantly a cigar in their mouths, excepting only when eating, sleeping, or at church, and they are evidently the most perfect specimens of health, vigor and energy; and they are abstinents, so far as all intoxicating drinks are concerned. So far as my observation extends, those and those only who are in health use tobacco. It is loathed in sickness, and I have thought that one of the surest symptoms of returning health, was a relish for the accustomed quid or cigar.

More than thirty-five years ago, I knew a Baptist minister, who lost his voice so as to speak only in a whisper, during a state of ill health for a year or two. He afterwards recovered both health and voice, and died of an acute disease, perhaps fourteen years since.

I mention these cases, and have an indistinct recollection of some others, which go to show that loss of voice, though more frequent within the last twenty years, was not unknown among clergymen at a much earlier period. In one case, at least, tobacco was not a preventive.

Half a century ago, most of our clergymen labored some, particularly in the time of getting hay. Nearly all made their gardens and cut their wood; and several of them did considerable towards cultivating their own small farms. Their parochial duties were comparatively light; they seldom preaching more than two sermons a week; and from the composition of these they were frequently relieved, by exchanges about once a month, or oftener during summer. Most of them smoked tobacco, and some of them chewed. I recollect but one old minister who took snuff. They all drank cider daily, and when fatigued generally took some flip or toddy. Very few of them, if any, however, were in the habit of drinking ardent spirit daily. That refreshing drink, small beer made from malt, was considered as being nearly as necessary as bread, in a family. Thus they frequently led very quiet and regular lives, without being exposed to intense excitement of mind, or over fatigue of body. On the whole they were probably as healthy, and lived as long, as most other classes of the community. My own father lacked only about two months of being eighty-eight years old, when he died.

Within the last twenty years, it would seem that clergymen, in about equal proportions in our different denominations, have been breaking down by scores, and more particularly, as respects their voice. I have been more familiar with these cases among the Methodists, Episcopalians, and Congregationalists, though I presume there is a proportional number among the Baptists.

There have been some very striking changes in the condition of most of the clergy of New England, since the commencement of the present century. In the first place their duties are much increased, public opinion requiring of them, in most places, much greater exertion than their predecessors commonly made. The religious meetings, benevolent associations, societies for promoting various objects, and new organizations of almost every description, are perhaps ten times as numerous as they were forty years ago. To say that four times as many sermons and addresses are now delivered before a given population, as was formerly the case, would be an estimate probably much below the fact. Besides these additional labors, the habits and manner of living, of very many clergymen, are essentially changed. Few now have either leisure or land to enable them to attend to agriculture. Most of them have renounced tobacco. When they are fatigued, the slow process of self-restoration is adopted, instead of the expedient of more suddenly reviving the exhausted powers of the system by the diffusible stimuli. Alcohol in all its forms is proscribed. Few use wine, and most even dispense with cider. Many families have dropped the use of coffee, some of tea, and a considerable number have materially lessened the quantity of animal food. Malt beer, that ancient, harmless beverage, is scarcely known.

In these great changes, in duties, labors, habits, and manner of living, to my view, there is nothing strange in a proportional change in the quantity of health, for the better or the worse. And since in ministers the organs of speech are the most fatigued, and debilitated from over exercise, it is no wonder that they soonest give out. A few may keep up under almost any kind of fatigue and hardship ; but a considerable proportion, under such exertions, and such a change of their early habits and manner of living, must prematurely break down.

The principal cause of the frequent removal of ministers, at the present day, is obviously the same. In three-fourths or nine-tenths of the instances, they are dismissed from their people at their own request, and not from any dislike of their parishioners. They find it impossible to compose two new sermons a week, while they are employed in so many other contingent labors. They must occupy a new field, where they may avail themselves of their old manuscripts. In this movement, however, they often do very little more than "change the place, but keep the pain." That these changes do not effect much, is evident, because among the Methodists, who rarely are stationed more than two years at a time in one place, there are as many invalid ministers as in any other sect among us.

With respect to diet and regimen, though I think I have known many victims to starvation and cold water, I shall now say nothing. The greatest difficulty is, the clergy, as a body, labor too hard and too much. If the spirit of the age actually requires such excessive ministerial duties, the only remedy is to follow the example of the Catholics, and increase the number of ecclesiastics, to lighten their individual labors and burdens. In fact, our puritanic ancestors had more than double the ministers of the present day, in proportion to their population. Almost every small congregation was provided with its pastor, and its teacher, while the ruling elders did many of the duties now performed by the minister.

When we consider the excessive labors, in particular places, which ministers either assume or have imposed on them, in certain seasons, the great wonder is, not that so many, but that all, do not break down, and leave their flocks destitute of pastors. At such periods, too, there is generally an ultra temperance, by which the exhausted body is further debilitated by a diminution of nutritious food, and a disuse of every kind of generous drink. Even tobacco, which is such a great solace to the sailor and soldier on fatigue, is proscribed.

Such is the outline of my views upon the principal causes of loss of voice, and of the derangement of health, in modern clergymen. I may be mistaken in my opinions. It is not my wish to wound the feelings of any man, or to speak lightly of the movements of any conscientious body of christians. I would merely state the more prominent facts, as they strike me, and submit them to the consideration of the wise and prudent, wishing myself that my ideas may have no weight, if they are found not to deserve it, upon mature deliberation. SENEX.

May 18, 1839.

COUNTER-IRRITATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I wish to inquire, through your Journal, if any physicians of the U. States are known to have made trial of Granville's plan of *counter-irritation;* and if so, what have been the results. If one may believe him, he has been wonderfully successful; and if the 100 cases which he reports are true, then his *antidynous* lotion is an invaluable remedy. I wish further to inquire if ammonia, such as Dr. Granville uses, is to be had at the shops in Boston. He says it is more than three times the strength of the ammonia of the London Pharmacopœia. Can such ammonia be obtained in your city? and can we likewise procure distilled spirits of rosemary, prepared according to his directions, as given in the London Lancet of October last, and copied into the December No. (17) of the American Medical Library and Intelligencer? If so, where may these articles be found?* Most respectfully yours, &c.,

St. Johnsbury, Vt., May 2, 1839. CALVIN JEWETT.

OPHTHALMIC REPORT.

First Annual Report of the Ophthalmic Cases treated at the Northern Dispensary, New York, under the charge of Drs. Blakeman and Wallace. Reported by Dr. Wallace for the Boston Med. and Surg. Journal.

1. Diseases of the Anterior Membrane	Pterygium	1
	Strumous ophthalmia	24
2. Conjunctiva vera	Inflammation, 1. Catarrhal	80
	do. 2. Conta. *a* Granular	21
	b Villous	5
	c Pale œdematous	5
	d Pale granular	1
	do. 3. Of new-born children	2
	do. 4. Gonorrhœal	1
3. Sclerotica	do. (1) 5. Catarrho-rheumat.	10
	do. (2) Rheumatic	1
4. Cornea	Inflammation, strumous	1
	Cicatrices and effusions	10
	Injuries	14
5. Iris.	Inflammation, 1. Rheumatic	1
	do. 2. Strumous	1
	do. 3. Syphilitic	1
6. Crystalline Lens	Cataract (lenticular)	3
	Glaucoma	3
7. Retina	Amblyopia	9
	Amaurosis	4
	Hemeralopia	1
8. Adjusting Apparatus	Myopia	2
	Presbyopia	1
9. Eyelids	Tinea	17
	Inflammation from measles	5
	Warts	1
	Abscess	1
	Stye	7
	Burns	1
	Tumors	5
10. Lachrymal Apparatus	Epiphora	3
	Fistula	2
	Mucocele	1
		233

The strumous cases readily yielded to the nitrate of silver as a local application, and Lugol's solution of iodine, preceded by an emetic, taken inwardly.

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* On inquiry, it has been ascertained that both articles may be had of Brewer & Co. druggists, No, 92 Washington street.—ED.

The contagious ophthalmia is an obstinate disease, and there is much room for improvement in its treatment. Of the numerous remedies which were tried, the sulphate of copper, aided by the internal exhibition of blue pill, was the most beneficial.

During the wars of Napoleon, the disease was brought from Egypt to England and France, and the disabled soldiers scattered over these countries, where it existed for some time, before its nature and method of treatment were discovered by Sir William Adams. Some ten or twelve years ago, by order of the British Government, their pensioners, among whom were many afflicted with this disease, were permitted to commute their pensions for lands in Canada, and a sum of money for outfit. As soldiers are not usually fond of labor, it is probable that some of them found their way to this city, and were admitted to the alms-house. At any rate, about that time the disease was disseminated with frightful rapidity; one of the surgeons lost an eye, and many of the children became totally blind. After the severity of the disease abated, it assumed a milder form, having for its characteristic, villosity of the eyelids. This obstinate disease prevails to a great extent in public institutions. The new comers are soon affected by washing in the same water, using the same towel, or applying the water in some other way; and as the disease is seated beneath the upper eyelid, where it is not seen, the guardians of the poor will not be convinced of the nature of the complaint. From these institutions servants are frequently taken, who disseminate this variety of ophthalmia even amongst the highest in society. I have seen a severe case occasioned by washing in a barber's basin. I have also known it to be communicated to teachers of Sunday schools. These are pretty plain proofs of the necessity of public liberality in supporting medical institutions, and affording facilities for medical education.

The ophthalmia of new-born children, which is so fatal when neglected, we found to be very easily cured, by urging the necessity of cleanliness, and at our visits removing the acrid matter by syringing the eye with tepid water. Weak solutions of the sulphate of copper or zinc, or of the nitrate of silver, once or twice a day, were almost all that were necessary.

In the only case of gonorrhœal ophthalmia that presented itself, the eye was lost. The patient had contracted the disease by sleeping with a person affected with gonorrhœa. As he was not aware of the rapid progress of the complaint, four days were allowed to elapse before he applied for relief. At his first appearance at the dispensary, the cornea was about to slough from the strangulation of its vessels by the swollen conjunctiva. Though the most active treatment was adopted, the coats soon gave way, and the eye burst.

One of the cases of cataract was treated by entering the needle through the sclerotica, and breaking the lens *in situ*. Though the person was advanced in age, the diseased lens was soon absorbed, and with the aid of glasses he can now see the most minute object. Another case was treated after Dr. Jacob's plan. One of the finest sewing needles that could be procured—a No. 16 sharp—was fixed to a handle and introduced through the cornea to the diseased lens, and the latter broken as effectually as possible. As much absorption has not taken place, the operation will require to be repeated. In private practice we have treated several cases in this manner with the most satisfactory result. Little or no inflammation follows the operation, and almost no skill is required in its performance. On the third patient it was not deemed advisable to operate.

The case of glaucoma afforded us an opportunity of being convinced of the utility of Sauson's method of examining the eye, and of appreciating Professor Mackenzie's opinion that glaucoma is not owing to partial opacity of the vitreous humor, as was supposed; but that the seat of the disease was the crystalline lens.

Having heard so much of the effects of veratrine, it was tried in a case of amaurosis where strychnine and other remedies had failed. The skin being removed from a blister on the temple, the powder was scarcely dusted on the surface when the patient screamed with acute pain. He danced about like a madman, and when somewhat appeased, though a full-grown man, he wept like a child. This is related as a caution.

The removal of tumors has been frequently effected by an ointment composed of a scruple of the iodo-hydrargyrate of potassium to an ounce of lard. This preparation produces counter-irritation by exciting a peculiar herpetic eruption, while at the same time the mercury and iodine of this very soluble salt produce absorption of adventitious matter. Its good effects have been experienced in discussing tumors in various parts of the body. A rather remarkable case occurred about three months ago. The patient, who was of a strumous habit, had received a blow on the temple about Christmas last. Shortly afterwards there arose on the edge of the orbit a swelling, which had increased to such a degree that in the month of March, when he applied, he was unable to open the eyelids. The tumor appeared to be exostosis; the probable consequences of which, in such a situation, seemed rather alarming. The ointment was applied every two or three days or as often as it could be borne, and in the course of six weeks there was scarcely a vestige of the complaint. This valuable addition to the materia medica was introduced to the profession by Dr. Channing, of this city, who published an account of it in the American Journal of the Medical Sciences, in 1833. Since that time it has been found in very many cases an agreeable substitute for the knife.

As was to have been expected, the patients have not been numerous. Perhaps another year may afford a greater variety.

May, 1839.

TEETH AND THEIR DISEASES.

[The following sensible and philosophical remarks are by E. G. Tucker, M.D., extracted from a manuscript discourse.]

The fundamental error with regard to the preservation of the teeth arises from the mistaken notion of the inorganic nature of these parts of the animal economy. The teeth, in their external physical appearance, resemble inorganic bodies, and the superficial observer can hardly be convinced that they possess *any*, still less a *high degree* of organization. By this term organization is meant the possession of an internal structure of parts, adapted to the performance of peculiar functions.

These parts, this organization, consist chiefly of minute vessels conveying fluids. Not the grosser fluids; not the blood in its totality, but its finer parts, and such probably as are adapted to the production and nourishment of the peculiarly dense osseous structure of which the teeth and their enamel are composed.

Thin lamellæ from the teeth of the largest quadrupeds have been ground down so as to be semi-transparent. They have then, when strongly illuminated, been viewed through microscopes of high magnifying power; and in this way, different orders of vessels have been abundantly demonstrated. Perhaps the question of the organic or inorganic nature of the masticating organs is seldom presented to the mind of the careless observer of nature as a distinct proposition. But they all proceed in their treatment of these organs as if they supposed them inorganic. The common language, too, used in speaking of their diseases, clearly points to such an opinion. Nothing is more common than to hear talk about rotten teeth; *the teeth never rot.* The experiment has been made of burying an extracted tooth in a heap of putrefying matter, and keeping it in that state for years. And it comes out as sound as it went in. The teeth rot if injured internally, just as your hand rots if you get a thorn in it; and the internal and still more highly organized —*i. e.*, more nervous and vascular parts, are exposed to the influence of external agents.

The causes which lead to these morbid processes resulting in the decay of teeth, are not now fully understood. The Americans, especially American women, are to a certainty more subject to diseases of the teeth than the people of other countries. How far climate or the modes of living, separately or conjoined, may contribute to this effect, is not known. Those who enjoy robust health, seldom have the teeth extensively diseased. Such individuals now and then have a tug with the toothache, but when the offending member is "cut off," the trouble ceases; while others have the best years of their lives embittered by this scourge. In the present state of our knowledge, on this subject, our directions for the *prevention* of diseases of the teeth must necessarily be very general. It is not known that these diseases are occasioned by taking food or drinks, hot or cold, sweet or sour. Chemical agents indeed have little or nothing to do with the matter. A healthy state of the digestive organs is the only circumstance known to exert an influence favorable to the integrity of the teeth. The mechanical process of brushing the teeth daily should never be omitted, if the only object were cleanliness. It is, however, beneficial by preventing the formation of the vile calcareous crusts, called tartar, which surround the teeth, and sooner or later separate them from the gums and render them useless. But it is doubtful if the brush has any tendency to prevent the caries or internal diseases of the teeth of which I have been speaking.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 29, 1839.

PRESERVATION OF HEARING.

Such is the title of another of Mr. Curtis's pamphlets for popular reading, very neatly executed, typographically, and also on sale at Ticknor's, where medical books abound. A principal object of the author seems to be, to advise in relation to the choice and use of ear trumpets. In discoursing upon this topic, however, he surveys the whole field of acoustics, and throws much light on obscure and controverted points in the physiology of the ear. Although this treatise has run through eight editions, it is but a synopsis of a finished production on the same subject, of more voluminous dimensions, to be adverted to hereafter. As Mr. Curtis is a stickler for economy, he will be likely to find both friends and patrons in this country, where it is no easy matter for a man who earns but a dollar a-day, to purchase an ear trumpet of silver at a cost of fifty dollars. There is an error abroad in supposing that a tube constructed of the precious metals conducts the sonorous rays with more effect than one of iron or brass. Mr. Curtis says that "the cheapest and even the most unsightly trumpets are often the best; and a common tin one, of the value of half a crown, collects more sound and renders the hearing more acute, than the German silver ears which cannot be obtained, if properly made, under £25."

There is a miserable contrivance in many of the druggists' shops, fabricated of a spiral spring, coated with gum elastic, having an ivory trumpet at one end, and an ivory pipe to insert into the meatus at the other. The defect in this instrument is, that the tube possesses no advantages by being so long; in fact, it is a serious objection. Again, the gum elastic destroys, to a considerable degree, the vibration of the metal, and the aerial impulsions are therefore transmitted under modifications that enfeeble the action on the auditory apparatus within the labyrinth. And, lastly, another objection to the machine, is its enormous price, which places it quite beyond the reach of those in moderate circumstances.

Restoration of a Club-foot.—On Friday, the 17th inst., Dr. Brown performed the operation for club-foot, on a lady 29 years of age. The foot was drawn downwards and inwards, so that for this long period she had walked in extreme pain, on the top, instead of the sole of the foot. The weight of the body has been borne on the os cuboides astragalus and metatarsal bones of the small toes—producing over them a thickening similar to a heel. The operation was performed by dividing the tendo-Achillis, which retracted nearly an inch. The tendon of the flexor longus digitorum pedis was divided in the sole of the foot—and the tibialis anticus, where it passes the os naviculare. The operation was successful, the foot immediately brought nearly straight, and its position so changed that were the patient to stand, the pressure would come upon the sole of the foot. She is now doing well, and bids fair to have the perfect use of the foot which has been so distorted from birth.

Painful Affection of a Nerve.—In consequence of a slight injury, some years since, it is supposed by stepping unguardedly, a bright, intelligent little boy, at Charlestown, opposite this city, has suffered very frequently with intense and excruciating pain in a portion of the anterior tibial nerve of the left leg, about four inches above the ankle. No conception can be formed of the horrible suffering, at times, of this poor child. From a condition of perfect comfort, he is instantaneously thrown into a paroxysm of the most dreadful pain that it is possible for a human being to endure—and then, just as instantaneously, the pain leaves him. All this, however, is undermining a naturally good constitution, embitters his life with the gloomiest forebodings, and wears upon the fountain of sympathy in his devoted and excellent parents, who are indeed deeply afflicted—without having it in their power to offer a single palliative to their stricken child in these hours of distress. All the usual measures seem to have been pursued, as the advice of the most distinguished physicians and surgeons in this vicinity has been followed. Not long ago Dr. Lewis made an incision, divided the nerve, and even took a portion of it out, without materially diminishing the patient's agony. On dividing the fascia, however, transversely, we understand a sensation of extreme tension was removed from the point of pain—and he was supposed to have been made perfectly well by the operation. For several months he remained so, but the paroxysms have again returned with accumulated fury. What shall be done to give permanent relief? The suggestions of our correspondents would be gratefully received.

Valedictory Address of Dr. Beck.—At the close of the lectures in the College of Physicians and Surgeons of the University of New York, Dr. John B. Beck, the professor of Materia Medica and Medical Jurisprudence, delivered a discourse, which is characterized by that elevation of thought, which is one of the distinguishing features of this gentleman's productions. The students say, in their note, requesting a copy for the press, "it was resolved that a committee be appointed to present the cordial thanks of the class to you, for your masterly analysis and exposition of the necessity for mental discipline in the pursuit of medical excellence." It is laid up with our choice collection of native medical writings, with a hope that there will be an opportunity to republish some of it hereafter. Those who read the address carefully, will be both instructed and entertained by it.

A third Medical School in Philadelphia.—From the various articles in the papers, in connection with the manifestation of feeling by private correspondents, it is very certain that a third school has been projected at Philadelphia. Now the general objection raised against the project is this, viz., it is not needed, there being two already. But the friends of the scheme are indomitably persevering, and show so clearly that by creating facilities, the students will congregate there, in preference to all other places in the Union, that it is not at all unlikely a third school will receive a charter.

Acarus Scabiei.—Although engravings of the itch insect have been given in works of science, and the journals have teemed with minute details of its exact external conformation, the world is still full of doubters.

Dr. Gordon called upon us the other day with one of these mooted individuals—an almost invisible point to the naked eye—which he took the day before from a person who had been six months afflicted with the itch. It seems that a question arose amongst the learned in pathology, what ailed the man. Dr. Gordon suspected the true character of the complaint, and to put the matter beyond all question, detected under the skin, where it burrows, on the very margin of a vesicle, a genuine acarus. This he has exhibited repeatedly in a powerful microscope, which enlarges the mite to the size of a filbert, and which crawled about over a concave glass with an activity that surprised the spectators. On the whole, there is no animal form in nature so completely anomalous or disgusting—particularly when it is recollected that the human body is its appropriate home. The question is now placed beyond any further controversy—itch is caused by the presence of an insect, and is essentially local irritation produced by it. One reason why those who have been unsuccessful in detecting it, have not succeeded, was probably because they always examined the fluid, when, in fact, the acarus scuds under the skin, from place to place, always avoiding, it would seem, the locality where its depredations has caused the excretion of a fluid. Thus, by fleeing, as it were, before the fire that it has kindled, or rather the flood that is in pursuit, it propagates the malady extensively over the body.

Partial Sweating.—Dr. S. S. Marcy, of Cold Spring, N. J., relates a remarkable case of this kind, in the last No. of the American Journal of Medical Sciences—which No., by the way, contains a large amount of valuable practical matter. A man of temperate habits, who formerly suffered from fever and ague, has, for the last six years, been subject to profuse perspiration, altogether disproportionate to the exercise taken. When in a recumbent posture on one side, the sweating is confined to the upper half of the body and extremities, the under side being void of any moisture. On turning, the perspiration subsides on the side he has been lying on, and commences on the upper side again ; the temperature remains natural. While in an erect posture, the sweating is confined to the left side—his face on that side sometimes being covered with pearly drops, while the opposite is entirely free from moisture.

Dropsical Child.—An unusual case of abdominal dropsy recently occurred, in Broad street, Boston, in a boy, nine years old. The operation of paracentesis abdominis was performed on Monday, May 20th, by Dr. Willard, of Charlestown, when seven quarts of limpid fluid were drawn off by a trochar. The patient was greatly relieved, and there is fair prospect of recovery.

Massachusetts Medical Society.—The annual discourse before the Medical Societyt his day, will be delivered by Dr. Hale, at 1 o'clock, P. M. The advertisement, last week, was printed as received from the Secretary.

Cause of the Loss of Voice in Clergymen.—We are in a fair way of having this question satisfactorily investigated by the most competent persons. Our readers are respectfully recommended to read an interesting article in this day's Journal, which was prepared by a very distinguished professional gentleman who resides in a neighboring State. The coming week another paper, from our venerable friend, will appear, and also one written by Dr. Woodward, of Worcester. The subject has been taken up by the editor of the Southern Medical and Surgical Journal, and his remarks, which coincide, in the main, with those of Dr. Mauran, with a reference to several cases, will be copied into our pages as soon as we can find space.

Willoughby University.—A constant flow of prosperity seems to attend the medical department of this flourishing institution. Although the youngest in the series of similar schools, it is gaining character with a steady hand. One cause of the success has arisen from the persevering industry of the faculty, united to courteous manners and true kindness of heart towards those who seek instruction at the University. The catalogue for 1839 is on file.—It is of consequence to receive the last catalogue which has been published, from all the medical colleges in the Union, by July. Those wishing to announce alterations or intelligence of any sort, which will be of service to the faculty, to students, or the public generally, are earnestly requested to send to the address of this Journal seasonably.

Transylvania University.—We learn from the Lexington Intelligencer, that in addition to liberal donations from individuals, the City Council of Lexington, by an ordinance passed unanimously, has made a grant of $70,000 to the University and its departments, of which $20,000 are to be applied to the Morrison School, $5000 to the law department, and $45,000 to the medical department. Besides this grant, the Transylvania Institute has received a fund exceeding $30,000 for the Academical department, which it is expected will be increased to $40,000. A new and splendid edifice is to be erected immediately for the medical department, and a library and apparatus provided. For the library of the law department, purchases to the amount of about $5000 are to be made.

Effects of Tobacco on Lobsters.—During the recent gales a large ship from Demarara, bound to Liverpool, was driven ashore on the Isle of Anglesea. The crew were saved by the life boat, but the ship soon went to pieces, and the tobacco, with which she was principally laden, was washed among the crevices of the rocks usually occupied by generations of lobsters; these took to *chewing* "the weed," and the next morning the beach was strewed with the poor creatures, some weighing 10 pounds, unable to crawl.

Preparations of Gold in Scrofula.—The preparations of gold have been recently employed by M. Baudelocque, at the Hospital of Sick Children, and by M. Velpeau at La Charité, in cases of scrofula. At the former of these two hospitals the preparations of gold have been administered in enormous doses. M. Baudelocque has given the hydrochlorate and stannate of gold, in doses of from ten to twelve grains, without producing any effect on the disease; and, what is still more remarkable, without any apparent injury to the constitution of the children submitted to experiment. The oxide of gold, prepared by potash, was administered in as high as twenty grains during the day. At La Charité, M. Velpeau has given 15, 18 and 20 grains of the hydrochlorate and oxide of gold during the day. Higher doses were not tried, merely on account of the great expense of the medicine. The above results are curious, because the preparations of gold have hitherto been regarded as extremely poisonous. M. Orfila says that the hydrocholate of gold is infinitely more active than the corrosive sublimate, and M. Devergie mentions that at the dose of one-tenth to one-twentieth of a grain it produces more or less inflammation of the gastro-intestinal mucous membrane.—*L'Experience.*

Medical Miscellany.—Drs. Charles M. Maxwell and Samuel Jackson are the Assistant Surgeons, and Dr. Thomas Dillan, Surgeon, of the Constitution, destined for the Pacific. Dr. J. M. Minor is Assistant, but Acting Surgeon of the Brig Dolphin, from Rio Janeiro, at New York.—Mr. Combe has had the compliment of a piece of plate, at New York, on the completion of his second course of phrenological lectures.—Assistant Surgeon J. B. Wells is ordered on duty at the Surgeon General's office. Dr. D. S. Edwards is to enter upon service at the Navy Yard, Washington, D. C.—A new medical board for locating a marine hospital on the upper waters of the Ohio, is in session at Pittsburgh.—Dr. Hogan, who wounded M'Ardle, in a duel, at Vicksburgh, formerly edited Duff Green's Medical Journal, in connection with Dr. Patterson.—Dr. William Parker, late of Cincinnati, has been appointed to the Chair of Surgery in the College of Physicians and Surgeons in New York, vacated by the resignation of Dr. A. G. Smith.—Dr. Alexander A. Vache has been elected Physician of the New York Almshouse.—The British National Vaccine Establishment have vaccinated, by their several appointed vaccinators, during the last year, 18,659 persons, being 6241 more than they have vaccinated in any former year. They have also sent out, to various parts of the world, 203,818 charges of lymph. They state, in their last annual report, their conviction that the lymph in use has not deteriorated, although it has passed through, since Jenner's time, as they very erroneously say, nearly a million of subjects *successively.*—Mr. Crampton, the celebrated Irish surgeon, has been raised to the dignity of baronet.—The operation of tapping the head for chronic hydrocephalus in a girl aged 13 years, who had been affected since birth, was lately performed at the South Dispensary, Liverpool; but the child died on the tenth day. The fluid evacuated was perfectly transparent and colorless, and amounted to eight ounces.—Some curious and apparently well-authenticated cases of embryotic influence are related in the late numbers of the London Lancet, together with a discussion on the subject at a meeting of the Westminster Medical Society.

MARRIED,—In Charlestown, Ms., John A. Briggs, M.D., of Newburyport, to Louisa N. Devens.—In Boston, Dr. Samuel M. Watson, to Miss Elizabeth M. Carter.—In Southbury, Conn., Dr. J. N. Northrop, to Miss Nancy Peck.—In Bristol, Dr. J. W. Camp, to Miss Lucy A. Brewster.—In New York, Dr. D. B. W. Camp, to Miss Fanny J. Fox.—In Litchfield, Conn., Dr. J. Q. Stearns, of New York, to Miss Louisa C. Judd.

DIED,—At Columbia, S. C., Dr. Thomas Cooper, 80.—At Needham, Mass., Dr. Isaac Morril, 91.—At New York, Dr. John B. Jaques, 65.

Whole number of deaths in Boston for the week ending May 25, 27. Males, 13—females, 14.

Of consumption, 9—intemperance, 2—apoplexy, 1—infantile, 2—fits, 1—scarlet fever, 5—lung fever, 1—hooping cough, 2—delirium tremens, 1—fever, 1—stillborn, 1.

MASSACHUSETTS MEDICAL SOCIETY.

The Annual Meeting of the Massachusetts Medical Society will be held at the Temple, Tremont street, on Wednesday, 29th inst., at 10 o'clock, A. M.

The annual discourse will be delivered at 1 o'clock, by Enoch Hale, M.D.

Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend.

A stated meeting of the Counsellors will be held on the day following, at the Society's Room, Athenæum Buildings, Pearl street. S. D. TOWNSEND, Recording Secretary.

M. 22—2w

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eop1y WILLIAM BROWN.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839. 2am6m

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XX. Wednesday, June 5, 1839. No. 17.

MORTALITY OF INFANTS IN THE FIRST YEAR OF EXISTENCE.

BY PROFESSOR RAU, OF BERN.

1.—*Comparative Mortality of Infants.*

Of 2,808,139 deaths which took place in nine years, from 1820 to 1828, in the kingdom of Prussia, 751,077 were of children of one year old or less; that is to say, 26,944 in every 100,000. In Amsterdam, Paris, and in France generally, the proportion of early deaths is somewhat less formidable, as the following table will show:—

Of 100,000 deaths,

In France, in 1822.	In Paris, 1818-21, 1826-28, (6 years.)	In Amsterdam, 1816, 1818-29 (13 years.)	
10,116	13,456	12,353	were of children under 3 months,
6,726	1,815	5,334	.... from 3 to 6 months,
4,615	3,531	5,048	.... from 6 to 12 months.
21,457	18,802	22,735	were of children of a year or less.

Of 100,000 deaths,

In Sweden, in 1821-25, (5 years.)	In Westphalia and Rhenish Prussia, in 1820-28, (9 years.)	
22,453	21,727	were of children of a year old, or less.

The mortality of infants is less in Paris than in France generally, on account of the number of foundlings who are removed into the country directly after their exposure at the Hôpital des Enfans Trouvés: in the department of the Seine, in consequence of their thus being removed, the mortality is greater than in any other part of France.

From the above and other data, we learn that

26.69	per cent. of the deaths in Prussia are of children under 1 year.	
21.72	.... Rh. Prussia and Westphalia	...
21.46	.... France	...
29.45	.... Department of the Seine	...
22.45	.... Sweden	...
25.54	.... Courland	...
18.80	.... Paris	...
22.74	.... Amsterdam	...
22.00	.... Philadelphia	...

According to Duvillard, of 1,000,000 persons born in France, 767,528 only attain the age of a year. In the level provinces of Russia, 211 out of every 1000 die before the expiration of the first year; in Petersburgh, 311; in Berlin, 276; in London, 320.

Of the whole number of children born,

23.24	per cent. in Paris die before the expiration of the first year.
20.02	..... Sweden.
33.33	..... the Province of Kasan (in Russia).
21.10	..... Berlin.
25.6	..... London.
32.00	..... St. Petersburgh.
31.1	..... Prussia.
17.6	..... Courland.

2.—*Comparative Mortality of the Sexes.*

Of the 751,077 children under a year old who died in Prussia in the nine years, 1820-28, 415,305 were boys, and 335,792 girls. In Courland, the proportion of male to female infants dying under a year old is as 53.1 to 46.9; in Friesland, as 55.2 to 44.8; in Paris, as 55.5 to 44.5. The greater comparative mortality of male infants is in some measure only apparent, inasmuch as far more male than female children are born. It has been observed in Friesland, notwithstanding the disparity of male and female births, that at the age of forty the sexes were equal.

3.—*Comparative Mortality of Legitimate and Illegitimate Infants.*

In Prussia, in the six years from 1826 to 1831, 17.56 per cent. of the legitimate children died before attaining the age of twelve months; and so many as 26.46 per cent. of the illegitimate. According to Ramon de la Sagra, the rate of mortality of the legitimate and illegitimate children in the isle of Cuba is as follows:

	White population.		Colored population.	
	Legitimate. per cent.	Illegitimate. per cent.	Legitimate. per cent.	Illegitimate. per cent.
In the first week	8.6	7.1	11.1	14.3
From a week to a mo.	2.6	6.5	4.4	5.0
From 1 to 2 months	1.7	2.8	2.5	2.2
From 2 to 3 months	2.7	4.1	2.1	2.2
From 3 to 12 mos.	11.4	7.5	13.9	11.7

4.—*Influence of the Seasons on the Mortality of Infants.*

The season of the year evidently exercises great influence on the rate of the mortality of children. According to Trevisan, of 100 children born in Italy in the winter, 66 die in the first month, and only 19 survive the first year; on the other hand, of 100 born in the summer, so many as 83 survive the first year; of 100 born in the spring, 48; of 100 born in the autumn, 58. In Belgium, the rate of mortality in the first month, of children born in January, compared with that of children born in July, is as 33.21 to 17.19. According to the researches of Villermé and Milne Edwards, published by Dumeril, the mortality of children is much more considerable during the three winter months than during the rest of the year in France, in the southern parts of which country it diminishes in March, but in the northern not till April. In Philadelphia, however, the rate of mortality is very differently affected by the seasons; the season most fatal to children is from June to September, and the least fatal season is from November to January. In the island of Cuba, the rate of infant mortality is not sensibly affected by the change of the seasons.

5.—*Proportion of Still-births to the Total Number of Births in several European Countries.*

In Prussia, it is	3.29	per cent.
Sweden	2.64	"
Saxony	4.43	"
Hanover	4.22	"
Mecklenburg Schwerin	3.70	"
Sleswick and Holstein	4.60	"
Petersburgh (1803)	0.20	"
" (1806)	0.70	"
Russia generally	0.80	"

There are more still-births of illegitimate than of legitimate children; it has been calculated that, where 3.166 per cent. of the legitimate births are still-births, 4.959 of the illegitimate are still-births.

According to the calculations of Bickes, of legitimate male children, 3.559 per cent. are stillborn; of legitimate female, 2.749 per cent.: whilst, of illegitimate male, 5.277 per cent. are stillborn; and of illegitimate female, 4.632 per cent. In Leipsic, during twenty-five years, from 1801 to 1825, the proportion of children stillborn to children born alive was as 1 to 17 2-3; in 1822, in the district of Leignitz, it was 1 to 15; in Arnsberg, 1 to 28; in Coblentz, 1 to 27; in Elberfeld, 1 to 17; in Magdeburg, 1 to 18; in Dusseldorf, 1 to 26; in Minden, 1 to 37; in Stralsund, 1 to 44½; in Erfurt, 1 to 30; in Merseburg, 1 to 21; in Posen, 1 to 49; in Berlin (in 1821), 1 to 19; in Gotha, 1 to 10; in Paris (in 1822), 1 to 20; in Saarlouis, 1 to 16; in Vienna, 1 to 36½. According to Casper, the average proportion of still-births to living-births is as 1 to 19.—*British and Foreign Medical Review.*

INFLUENCE OF TOBACCO ON THE VOICE AND HEALTH.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The first instance of the loss of voice in a public speaker, that came to my knowledge, was Chief Justice Reeve, of the Supreme Court in Connecticut. He was an eminent lawyer, had an extensive business, and was as distinguished as an advocate, as he was for erudition and legal science. Judge Reeve lost his voice at about the age of sixty; he never afterwards spoke excepting in a whisper. He lived to the age of about eighty years. Till seventy years of age, he was Judge of the Court, and many years of the time Chief Justice. He had, at the same time, a large and respectable law school, at which many a son of Massachusetts, and most other States throughout the Union, received most valuable instruction, in his distinct and audible whisper. The writer has frequently heard him give "learned opinions" in the same manner from the bench, and charge a jury so that not one syllable of his luminous view of the "law and the testimony" was lost by them. He continued to deliver his course of law lectures, till seventy-five years of age.

In early and middle life Judge Reeve was in the habit of smoking tobacco, "which habit," says my respectable and venerable correspondent, "he afterwards changed to taking snuff. This, as is usual, increased upon him, until he used it to great excess; he took snuff for the last 15 or 20 years of his life."

I relate this case to show that the loss of voice is not exclusively confined to "ministers," and that even lawyers are not always *protected* from the evil by smoking, or *cured* by snuffing tobacco. Indeed I have yet to learn that lawyers more frequently use tobacco than gentlemen of the other professions and other callings in life. That the practice is less in favor than formerly, with all classes of society, admits of no question. Thirty years ago a large proportion of the females in every community used tobacco by smoking or snuffing. Now these filthy practices are universally abandoned by the sex; and yet not one individual, to my knowledge, has lost the voice, although it cannot be denied that some of them speak "long and loud."

While this communication is being written, a gentleman, with the "minister's ail," has called on me for advice. It has been in progress more than a year, and at the present time is quite bad. He is not a public speaker, but his business requires him to talk much. He has been a tobacco-chewer for many years, and had not lessened the quantity at all when this difficulty in his throat commenced. Recently he has used it more sparingly, from an apprehension that it was the cause of his disease, or was making it worse.

An auctioneer consulted me for an affection of the throat, since this communication was transmitted to the editor, which upon investigation proved to be the formidable disease which so often affects public speakers. Upon inquiry, I found he had been a smoker for many years, and still continues the practice. If this affection of the throat has not arisen from the use of his voice in his vocation, he finds it greatly aggravated by it. He, like many others, has had some apprehension that the use of tobacco has had much to do as a cause of his disease.

I do not believe that there is the least foundation in fact for the hypothesis that the use of tobacco affords a protection to public speakers from the calamity in question. But if it does, the evils which arise from its use more than counterbalance all the good that would result, even if it afforded ample and certain protection.

On this subject I will cite a few authorities, of the ablest and most distinguished medical men and philosophers of this country and Europe.

Dr. Rush bears testimony to the deleterious effects of tobacco on health in various ways, when used in moderation. "It impairs appetite, produces dyspepsia, tremors, vertigo, headache and epilepsy; INJURES

THE VOICE, destroys the teeth, and imparts to the complexion a disagreeable dusky color." "In no one view," says Dr. Rush, "is it possible to contemplate the creature man in a more absurd and ridiculous light, than in his attachment to tobacco."

Dr. Boerhaave says of tobacco, "When this celebrated plant was first brought into Europe, it was cried up for a certain antidote to hunger, but it was soon observed that the number of hypochondriacal and consumptive cases was greatly increased by its use."

Sir Hans Sloane says of it, "In all places where it has come into use, it has much *bewitched* the inhabitants, from the polite European to the barbarous Hottentot."

Dr. Cullen says, "I have known a small quantity of it, snuffed up the nose, to produce giddiness, stupor and vomiting; and when applied in different ways and in larger quantities, there are many instances of its more violent effects, even of its proving a *mortal poison*."

Dr. Massillac informed Dr. Rush that his father lost his memory 40 years by excessive use of snuff.

Dr. Parris says, "Tobacco is endued with energetic poisonous properties, which appear to depend upon an especial action upon the nervous system, producing, generally, universal tremors, which is rarely the result of any other poisons." He further says, "Its use is not unfrequently attended with severe vomiting, extreme debility and cold sweats."

Dr. Ewell, after speaking of the good effects of tobacco externally used in some diseases, goes on to say, "Happy if this plant of 'many virtues' could always be exerted for such beneficial purposes as the above. But, alas! we are constrained to deplore not only the idle and expensive, but too often fatal abuse of it, by snuffing, chewing and smoking, practices which cannot be too severely censured, especially in young persons and those of weak digestion, consumptive or of delicate habit." Dr. Cheyne ranks tobacco amongst the causes of apoplexy. Dr. Burrows, author of an excellent treatise on insanity, bears testimony against tobacco, both because it may produce disease, and because the notion that has prevailed of its curative power is wholly without foundation. Dr. Tissot once saw the smoking of it prove fatal.

Mr. Brande, in his Manual of Pharmacy, speaking of tobacco as a medicinal agent, says, "Its good effects are, however, unfortunately, almost always very problematical, and the fainting fits which it occasionally produces are of a dangerous and alarming nature."

Dr. Darwin's testimony against tobacco is in the following language. "The universal custom of chewing and smoking tobacco many hours in the day, not only injures the salivary glands, but I suspect that it produces scirrhus of the pancreas. The use of tobacco in this immoderate degree, injures the power of digestion by occasioning the patient to spit out that saliva which he ought to swallow." Mr. Brodie is of opinion that through the nervous system tobacco acts directly upon the heart, deranging its motions and tending to bring on fatal disease of that organ.

Dr. Franklin says that he never used tobacco, and he is disposed to think that not much advantage is derived from it, for he had never met with a man who used it, that advised him to follow his example. Finding his friend, Sir John Pringle, to have loss of memory and tremor of the hands, he advised him to discontinue tobacco, which he did, and the tremors subsided.

I will not enlarge. After such an array of testimony, who can doubt that tobacco, in each of the several ways in which it has been customarily used, has destroyed more valuable lives, and broken down the health of more useful members of society, than have been sufferers from the complaint in question, up to the present time, or than there will ever be hereafter. S. B. WOODWARD.

Worcester, May 20, 1839.

LOSS OF VOICE AND HEALTH IN CLERGYMEN.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

THE amount of my speculations upon the loss of voice and health in modern clergymen, is, that there is either too much labor, or it is done at improper times and places, or in an injudicious manner, or, more particularly, by too few hands in the religious vineyard. I also suppose that not a little is owing to modern changes in the habits and manner of living of the spiritual laborers. Upon the former points the religious world would consider it as a usurpation, and perhaps justly, if our profession should interfere. The subject of diet and regimen, however, with the kind and quantity of labor which individuals can bear, with safety to their health of body and mind, comes within our province.

But here we are met at the threshold by the ultra reformers and ascetics of the present day. If we do not sanction all their extreme measures, we are liable to be denounced as the opposers of religion and morals. Truth and reason are drowned in noise and clamor, and the most independent men are tempted to swim with the current, or for the sake of their own peace, to retire from the field. In such a ferment, it is surprising and mortifying to think how many good men will yield, and join the multitude in opposition to their better judgment. Within the last three or four years, as respectable a medical association, perhaps, as any in our country, was put in confusion, and was near coming to a permanent schism, in consequence of a resolution which was offered, declaring the use of every kind of fermented drink to be injurious to health. It was with the greatest difficulty that it was put down, on the ground of inexpediency. It was found to be impossible to discuss the subject, coolly, upon its merits.

I have already mentioned the age of my father. My grandfather, by my father's side, lived beyond ninety years, and four or five of his children, or more than two thirds of them, to about eighty or upwards. My grandmother, on my mother's side, lived to be more than eighty. She had four children, of whom one lived to be eighty-eight, and another eighty-five. Surely their cider and small beer, their principal drink, must have been a very slow poison. No, it supported, solaced, and revived them, when they were weary and fatigued, and, in my view, was unquestionably among the means of promoting their longevity. Shall we deprive such people of the great sources of their physical comfort and happiness, on account of their being occasionally liable to abuse? All law, government, and religion itself, must be set aside upon this principle. Further, the instances are extremely rare in which wine and cider are habitually abused, unless the tone of the stomach has been previously injured by alcohol.

The case is very different with ardent spirit, from what it is with the milder fermented liquors. Its abuse far exceeds its utility, and it was so common as to be a moral pestilence, making greater ravages, probably, than any other plague.

As respects food, whatever may be the case with a few epicures in cities, in the whole course of my life I have not known half a dozen families in the country that have lived too luxuriously. The great body of the people live well, but not high. I have no doubt but that the habit of taking a moderate quantity of cider with the meals which consist principally of animal food, assists digestion, and tends to prevent dyspepsia. It is not a remedy, but, I think, a preventive.

It is difficult for me to see any reason whatever, why a clergyman, after he has done preaching enough in one day to be ample labor for two, should not be allowed to refresh himself with a glass of wine or cider, and in the evening, if he chooses, calm his nervous system with his pipe. I have seen much injury, very evidently, from the abuse of cigars; but very rarely, I hardly know the instance, from the pipe. I am not disposed to encourage the use of tobacco, since after the habit is formed it becomes a kind of necessary of life; yet among soldiers, sailors, and perhaps physicians, I am led to think its benefits usually surpass its inconveniences. I rather suppose the same to be the effect with clergymen.

Perhaps there is no class of men among us who have tampered so much with their diet, as clergymen. It is a curious fact, that I have never known a man turn his mind intensely to the subject of his food, that did not in the end become dyspeptic, and generally a monomaniac upon this point. It is true, that I could mention a gentleman who frequently boasts of his health, under a vegetable regimen. But I believe men in sound health very rarely speak, much less, boast of it. Besides, I believe, all the others of his family are decidedly invalids; and one or two of them have prematurely sunk into the grave.

It is generally supposed that most kinds of extravagance, in time, will work their own cure, and that enthusiasts and fanatics, if let alone, will finally come to the level of common sense. This does not seem to be the fact with the ultraism of the present century. *Crescit eundo*, the longer it continues the more it rages. A most laudable, and, I may add, a truly philosophic and benevolent spirit led to the denunciation of alcohol, as a drink. Here was a proper place, where to draw a definite line. Why not stop here? But the ultraist now steps in, and would strike it out from the materia medica. He next attacks wine, and joins the party that of old accused his Saviour of being a winebibber. He sets our churches in a ferment, by attempting to abstract wine from the eucharist, forgetting that his divine Master created wine for conviviality, after "*men had well drunk.*" Cider shares the same fate, and tea and coffee yield in their turn. Spare diet follows in the train. One family lives almost entirely upon rice, another upon potatoes.

There is something very taking, with a certain description of people, when conscience, or pretended moral improvement, can be made an excuse for indolence. A vast quantity of labor, care, and attention, is saved in a family that follows the ultra temperance and abstinence principle. It is also a very convenient excuse for dispensing with most of the rights of hospitality. It is very little trouble to provide for a table, where nothing but bread, rice, potatoes, and water, or perhaps milk, may be wanted, and where the luxury of butter is too great an indulgence.

I do not mean to insinuate that our clergymen, as a body, have run into all these extremes. But still, I apprehend, they are tinctured with more or less of them, in a much greater degree than any other class of men among us. They did well in early renouncing ardent spirit. Here they ought to have stopped ; but many of them were soon led further, by patronizing one or two itinerant lecturers of their own profession. I have, in my view, the best evidence, that one of these popular abstinence lecturers, who perhaps traversed every State in the Union, was a monomaniac, or what is latterly called morally insane.

With respect to the quantity of clerical labor that is needed, with the times, seasons, and manner of distributing it, that point must be decided by the clergy and their people. I have been much pleased, however, in seeing this topic lately discussed in a religious periodical, in a series of articles under the head of "Too much Preaching," and am glad to find it has become a matter of attention, before the religious public, or rather that portion of it which seemed to think it impossible to over-act in a good cause. Any remarks of physicians upon this delicate subject would not be likely to be well received. A bare statement of facts, as they have occurred in many places, without note or comment, could hardly be credited at a distance, and would be apt to be considered as invidious and malicious cariacature. In this point of view, if any reform is needed, it must be begun and continued in the bodies where the evil exists. Human nature is such, that a jealousy of foreign interference would be likely to over-balance any good that our profession could effect.

I am decidedly of the opinion of the late President Dwight, of Yale College, that a good minister, even in a civil point of view, is the most useful man that his parish can have ; and no idea can be more injurious to his people, than that he is a kind of honorary town pauper, whom they are burdened to support like a gentleman. He gives much more than an equivalent for all he receives. It is very painful, therefore, to see such a man prematurely break down ; and it is often very difficult to supply his loss. It is to be feared that one important principle is often overlooked by an ardent and conscientious clergyman. Our duties never clash. Any labor that materially endangers his body or mind, cannot be his duty. He must so husband his powers to-day, as to be able to work to-morrow. When he is much exhausted, it is a temporary disease, which often requires a temporary refreshment. If his debilitated system is left spontaneously to restore itself, the elasticity of his constitution may not be sufficient, but the foundation may be laid for an incurable malady. " Give strong drink to him that is ready to perish, and wine to those that be of heavy hearts."—Prov. 31, 6. It seems that Timothy was a zealous total-abstinence man, or the advice would not have been necessary, to " use a little wine for thy stomach's sake."

May, 1839. SENEX.

INSTRUMENTAL LABOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed an article in No. 4, of the present volume of the Journal, headed " Instrumental Labor," which reminded me of a case that lately occurred in my practice, I send you some minutes of the same, which you may use as you think worthy or proper. I furnish this, not because I consider it such as may not frequently have occurred, but as furnishing some further evidence to Dr. Howard, the author of the article alluded to, how much infants may suffer in such cases, and yet survive.

March 2, 1839, I was called in great haste to attend a Mrs. W., aged 20, of robust, plethoric habit, in labor of her first child. The midwife in attendance stated that *she had been in labor about nineteen hours*—that there had been *no progress in it during the night past*—but *that all was right, and she only wanted strong pains*, &c. About 3 hours previous to my arrival, she had been attacked with convulsions, which recurred with fearful rapidity and violence about every 10 minutes. The pupils of the eyes were much dilated, and she was insensible to all external impressions. On examination the head was found to have passed the upper strait. She was immediately bled to xxxij. ℥ from both arms, which rendered her more tranquil; but failing to restore consciousness in any degree, I delivered by the forceps a *living child.* The convulsive paroxysms continued, but with less severity and frequency, for eight hours. Under the appropriate treatment, consciousness was gradually restored, and she soon recovered her usual state of health, but with a temporary weakness of vision. Both mother and child are now in good health.

This case made considerable impression on my mind at the time of its occurrence, on account of the unexpected result both to mother and child—from the length of time the child's head had been low in the pelvis, and from the aggravated form and continuance of the convulsions.

Pembroke, Me., May 20, 1839. B. ATKINSON, M.D.

DISEASE OF THE KIDNEYS.

BY SIR B. C. BRODIE.

I HAVE frequently had occasion to draw your attention to cases of diseased kidney, simulating diseased bladder; and the diagnostic marks by which you may distinguish the one from the other, are these. In disease of the kidney the symptoms generally consist of a frequent desire to void the urine, pain along the urethra, and pain referred to the pubes and neck of the bladder after making water; the urine is in general acid, and almost always albuminous. I had a case a short time since which strikingly illustrated the truth of this diagnosis. A gentleman came to me with all the above symptoms; I tested his urine, both by nitric acid and by heat, and it proved to be always albuminous. I found, upon further inquiry, that he had voided a small calculus when he was a child, and that he had been subject to irregular attacks of fever, one of which had preceded the symptoms for which he consulted me. He died eventually of a disease which I do not think I ever met with before, viz., ulceration of the coats of the gall-bladder from the pressure of a gall-stone, and consequent effusion of bile into the peritoneal cavity. I had the opportunity of examining this case after death; I found the urinary bladder perfectly healthy, but the kidneys were diseased. One of them was soft and pulpy, and quite degenerated in structure; in the other I found two calculi, closely invested by surrounding membrane, and a large deposit of urine above them. It is not always that you have the opportunity of examining these cases before disease in the bladder is set up, which it always is eventually if the disease remains unchecked. These cases are sometimes very puzzling, for it is not in every case that you have, that medicine is of any avail; for what can you do with your medicines when a patient has a calculus imbedded in the kidney? Why, you can do nothing. In cases where this does not occur, you will find the patient derive much benefit from the uva ursi, or the wild carrot-seed tea. With reference to a case of diseased kidney that was some short time since in the hospital, Sir Benjamin Brodie observed that such disease would, if it ran its course, bring on diseased bladder, diseased prostate gland, calculi in the bladder, and diseased testis, and the converse might be said of many of these latter diseases bringing on irritation in the kidney. Sometimes the secondary disease was the first one which attracted the notice of the surgeon, and was in many instances produced at first by sympathy only, which in the end degenerated into real disease, in which way only could be explained the identity of affection between the kidney and bladder in these cases. Sir B. Brodie related the case of a lady who had disease of the bladder from the impaction of a mulberry calculus in the kidney.

Some time since a boy was admitted into the hospital under Sir B. Brodie's care. He labored under severe pain in the groin, with inability to pass his water. These symptoms were soon relieved by the use of appropriate remedies. At times he passed several small calculi by the urethra, which, on being carefully analysed by Dr. Prout, proved to be phosphatic in their species and composition. The patient had also some pain in the region of the kidney, but no particular irritability of the bladder manifested itself, except when any difficulty occurred in passing his urine, from portions of phosphatic calculi stopping up the passage of the urethra.

He died about thirteen months after his admission, and on a post-mortem examination being made, the following appearances presented themselves.

The general external appearance of the body was œdematous, and there was some redness over the upper part of the thighs, from urinary excoriation. On opening the abdomen it was found to be ascitic; the liver was hypertrophied, and densely gorged with blood, but its internal structure revealed no organic change. The general intestinal superficcs was redder than natural; the appearance of the stomach presented nothing abnormal. On examining the kidneys (the pathological appearance of which it was expected would reveal the cause of death), the left one was found to be much larger than natural, and its general structure engorged with blood. Its external surface was soft, spongy, and easily friable, and dotted with numerous small cysts, containing serum. On cutting into it, it was found to be highly injected, and two minute portions of calculi were discovered, each weighing, we should presume, at least half a grain; these were supposed by Sir B. Brodie to consist of phosphate of lime, and were taken to Dr. Prout for analysation. The right kidney was much diminished in size, and softened in texture, but presented no other unusual abnormal appearances worthy of being recorded. The canal of each ureter was enlarged to double its natural character; the bladder was contracted in size, and its external surface was rugose and pouchy.

The chest, the lungs and bronchial apparatus were found in a healthy state. The cavity of the pericardium was much distended with fluid; and on laying open the heart, the walls of the left side were found enormously thickened and extensively hypertrophied, but no disease of the valvular apparatus could be discovered.

Sir Benjamin Brodie remarked, that to account for the thickened state of the walls of the heart there must have been some obstruction to the circulation somewhere; where that obstruction was, however, this dissection did not reveal. Some cases of aneurism of the aorta, combined with diseased kidney, were detailed by Sir Benjamin, but as they bore no similarity to the present case, inasmuch as aneurism did not exist, we have not recorded any notes of them.—*Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 5, 1839.

MASSACHUSETTS MEDICAL SOCIETY.

Perhaps no annual meeting of the members of our State Society was ever more pleasantly and harmoniously conducted since its incorporation, than that on Wednesday last. Being absent from the Temple two or three times in the course of the morning, no good opportunity was afforded for chronicling the order of business methodically. Only a small part of the address was heard by us, and that at the close; hence we must wait the regular publication of the Secretary, for particulars. On Thursday the Council re-elected George C. Shattuck, M.D., President. All the other officers remain essentially as they were last year. The details of the organization of a committee, which is to assemble on the 10th of July, at Worcester, to act and report upon a proposition to make very important changes in the Society, will be given in full at a subsequent period.

PRACTICAL SURGERY.*

THE profession in this country are familiar with the high character of Mr. Liston's system of Practical Surgery. It requires, therefore, no extraordinary exertion to persuade practitioners that the last republication of that gentleman's work, must necessarily be the best, when the fact is stated that additional notes and illustrations have been made by a very competent person. We have seen a new edition by James Crissy, of Philadelphia, which has received improvements at the hand of Geo. W. Norris, M.D., one of the surgeons of the Pennsylvania Hospital. In this, there are one hundred and twenty engravings on wood, without which, after having once discovered their importance in conveying to the mind of the reader a distinct idea, the volume would indeed seem imperfect and much less valuable. Although much cannot be said in commendation of the beauty of the engravings—some of them being but poor specimens of the xylographic art—still they accurately explain the text, the great object in view. A treatise on operative surgery, in these times, without some sort of pictorial guide, would be quite defective, particularly to the student, since so much has been done by the assistance of the designer and engraver in modern productions.

Dr. Norris assures us that the "character of the book is strictly practical—being concisely written." "The editor has restricted himself to adding a few brief notices of the manner in which some of the more common surgical affections are treated with us, at the same time that he has called the attention to certain points which have been passed over lightly by the author." Thus we are presented in a modest, unassuming manner, with what Dr. Norris has done—and by an attentive examination, it will be perceived that he is entitled to much more credit than he claims.

It strikes us that this will be patronized; in fact, it deserves to be well circulated, as it gives the latest intelligence in the department of surgery, in England and America. Whether it is on sale in Boston, or not, we have not been informed, but a good supply should be furnished for the New England States. We like to have every new volume, and as speedily, if possible, as our neighbors in New York and Philadelphia.

Phrenological Busts.—Mr. Fowler has made a decided improvement in arranging the organs, as commonly seen on those plaster busts which are used in learning their localities. It consists in so developing each, that they are elevated above the common level of the skull. In passing the hand over the cast, the beginner detects the several prominences with the fingers, and thus easily fixes in his mind the place and connection of the whole group. Without some such guide, it would seem to require a prodigious amount of practice before the manipulating phrenologist could conduct an examination on the living subject with any degree of accuracy. In point of execution, the work is faultless. As most libraries are now ornamented with these sorts of specimens of science, and as it is also desirable to know something about how the land lays, it may be of importance to state that Mr. Fowler's improved casts, to be had at No. 135 Nassau street, New York, and also in Philadelphia and Boston, certainly have a superiority over all other plaster models.

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* Practical Surgery; with one hundred and twenty engravings on wood. By Robert Liston, Surgeon; with notes and additional illustrations, by George W. Norris, M.D., one of the Surgeons of the Pennsylvania Hospital. Philadelphia: J. Crissy. 8vo., p. 370.

Hospitals in London.—There are nine great hospitals in London, viz.: St. Bartholomew's, West Smithfield, founded by Henry VIII., 1539; St. Thomas's, by Edward VI., 1553; Guy's, at the entire charge of Thomas Guy, 1721; Westminster, 1719; St. George's 1733; London Hospital, 1746; Middlesex, 1745; University Hospital, Charing Cross, 1818. The minor hospitals are—the Seamen's Floating Hospital, which had 2731 cases in 1837—expenses annually 6335*l.* London Fever Hospital, erected in 1802, average annual number of patients 400; expenses from 1200 to 1400*l.* Smallpox and Vaccination Hospital, instituted 1746—expenses 900*l.* Lock Hospital (venereal cases only), erected 1770. St. Luke's Hospital for lunatics, 1751. Bethlehem Hospital for Lunatics, incorporated by Henry VIII., and cost 123,000*l*, St. Marylebone Parochial Infirmary, and St. Pancras Infirmary. Besides these, there are fifty-four dispensaries, completely organized, having every possible convenience for managing the sick, in door and out, with a full board of medical officers and surgeons. In these are embraced ophthalmic and lying-in charities, truss societies, the Royal Jennerian institution, and asylums for the medical care of the deaf and dumb. In St. George's and St. James's dispensaries, 700 obstetrical cases occurred in one year. The resident apothecary has a salary of 100*l.* per annum. At the Western General Dispensary, the expenditures in one year were 585*l.* At the Royal Universal Infirmary for children, erected in 1816, from January 1837 to 1838 were 2389 cases. At the London Midwifery Institution, instituted 1828, the number of deliveries, from 1828 to 1833, was 3644. Since that date no statistics have reached us. To manage the medical and surgical duties of these various institutions, all having express reference to the sick, rising of two hundred and twenty physicians and surgeons, assistants and apothecaries, are required.

Facts in Dietetics.—In connection with the facts respecting longevity, related by our correspondent Senex, in this day's Journal, we beg leave to record the following, which need no comment.

A lady died, in December last, in a neighboring town, aged 96. She had lived in the family of her third son (now 70 years old) for the last thirty-seven years, and her death was the first which has occurred in the family since the marriage of that son, 42 years ago, though they have brought up eight children, and have always had apprentices or hired men with them. All but two of these children have removed from the paternal house, five have families of their own, are in good health, and of *their* children (eleven in number) not one has died. In this family flesh meat has been used, generally three times a-day, during the time above mentioned, and the old lady first named seldom failed to partake of it freely, and was, indeed, so partial to it through life, that she was in the habit of making it the most important part of her meals. She was also, like all the rest of our good *old* ladies, warmly attached to the use of tea, in which she indulged twice, and frequently three times a-day. She likewise, till within a few years, with the rest of the family, partook moderately of cider with dinner, and also at other times. She never smoked tobacco, but used snuff pretty freely.

Mechanism of Blushing.—The phenomenon of blushing is not the result of an *exciting*, nor, strictly speaking, of a depressing emotion—but it is a compound of both; in other words, it is the product of a *mixed* emotion of the mind. The internal faculty *excites* an indescribable sensation, which causes the face, the external field of action, to *droop* or assume the aspect of depression. Compare the flush of *rage* with that of *shame*, and the appearance of the features in both instances, which, perhaps, may demonstrate more clearly what I have asserted. The color is nearly the same in both cases; but, observe the striking difference in the countenance—the features of the one are strained to a point, whilst those of the other languish. In the former, the countenance, the "mirror of the soul," reflects the *true* image of the internal excitement; whereas in the latter, the external image, if we were to reason from analogy, is false.—*From Dr. Burgess's "Physiology of Blushing."*

Dessault's Treatment of Hospital Erysipelas.—As soon as ever Dessault perceived any trace of the development of erysipelas after wounds, operations, &c., he immediately administered to the patient one grain of tartar emetic in a large quantity of water. The unfavorable symptoms immediately diminished after the administration of the draught, and sometimes disappeared altogether, even when the only effect of the medicine was to increase the urine, and augment the cutaneous transpiration; were the symptoms more obstinate, he then gave the draught two or three times, or oftener; as the fever disappeared, and nothing remained but some unpleasant bitter taste in the mouth, he completed the cure with one or two purgatives. Dessault assures us that he never met with a case of hospital erysipelas (and there were many of them at the Hotel Dieu in his time) which resisted this method of treatment. He remarked that the disease was always most obstinate and severe in persons who had been bled several times.—*Gaz. Med.*

Exposure under Inoculation.—In the case of the *King v. Bennett*, reported in Maule and Selwyn, the defendant, an apothecary, was indicted for having inoculated for the smallpox, several infants, and, while they were dangerously ill of the said disease, unlawfully and injuriously causing them to be carried into the public streets and highways. The defendant was found *guilty*. Mr. Justice Le Blanc, in passing sentence, observed, that the introduction of vaccination did not render the practice of inoculation for the smallpox unlawful, but that in all times it was an indictable offence to expose persons infected with contagious disorders in a public place of resort. The defendant was sentenced to *six months'* imprisonment.

[We trust that this example will be followed in analogous cases. It is the duty of every humane and well-intentioned individual to give such information as may lead to the punishment of those who wilfully propagate smallpox.—Ed. Lancet.]

Medical Formulæ.—A little work was published in London, last year, containing a collection of medical formulæ from the writings of the most eminent physicians, and edited by D. Spillan, M.D., Fellow of the King and Queen's College of Physicians in Ireland. We have received a copy, and propose introducing the formulæ into our pages, a few at a time, as we find room.

Mixtures. No 1.—R. Antimonii potassio-tartratis, gr. ij.; aquæ destillatæ, ℥ ij. M. Adhibeatur cochleare unum parvum subinde donec evomat æger.

No. 2.—R. Tincturæ scillæ, ʒ ij.; oxymellis, ʒ iv.; aquæ destillatæ, ℥ ij. M. Sumat cochleare minimum subinde.

No. 3.—R. Mist. amoniaci, ℥ iij.; oxymel. scillæ, ʒ iv. M. Sumat cochleare minimum subinde.

No. 4.—R. Infus. polygalæ, ℥ iv.; syrup. ipecac., ʒ i.; oxymel. scillæ, ʒ iij. M. Cochleare minimum subinde.

No. 5.—R. Mist. camphoræ, mist. amygd. dulc., āā ℥ ij.; liquor ammoniæ acetatis, ℥ iss.; spir. ætheris nitrici, vini amtim. potassio-tartratis, āā ʒ iiss.; syrup. tolutani, ʒ iss. M. Sumat cochlearia duo ampla secundis horis. In *catarrh.*

Medical Miscellany.—The monthly Part of our Journal for June 1, comprising the May weekly Nos., contained no less than twenty original communications, which were written for its pages by physicians residing in ten different States.—A woman lost her life in New York, last week, by taking oxalic acid, through mistake, for salts.—A committee of the Legislature of Connecticut have reported in favor of appropriating $20,000 for an asylum to receive the insane poor of the State, supposed to be eight hundred in number.—Lectures on animal magnetism are absorbing the attention of all classes in England. Men of high professional rank are either exceedingly devoted to the progress of this imposition, as truth, or else they are mad.—A man recently died at Catskill, N. Y., from drinking, on a bet, five pints of clear spirit, chiefly whiskey, in thirty minutes.—Dr. Lyndon A. Smith and Dr. Lewis Conduit, of New Jersey, who were appointed commissioners to visit the various institutions in New England for the accommodation of the insane, and report to the next Legislature of that State, are now on a tour of observation. They were in Boston last week, and dined with the Massachusetts Medical Society.—A mechanic, of Amesbury, writes us that he is the inventor of the new tooth instrument referred to a few weeks ago, and presented by Dr. Gale.—Green's essay on diseases of the skin was distributed to the Fellows of the Medical Society, on Wednesday last.—There is some hope of the completion of Copland's Dictionary, in England—in which case, we shall probably have the work entire in this country.—The London Medical Gazette copies our weekly medical miscellany under the head of *gatherum.*—Dr. R. M. Huston has been appointed one of the physicians to the Blockley Hospital, Philadelphia.—We have seen nothing of Dr. Pancoast's work on the art of prolonging life. Then there is a work on dental surgery, by C. A. Harris, M.D., published in Baltimore, that would be sought were it to be had in Boston.—Those gentlemen composing the committee of the Massachusetts Medical Society, who are to meet at Worcester in July next upon business, will draw two dollars per day and the necessary travelling expenses.

To Correspondents.—Several communications on the tobacco question are on hand, and will be inserted in due time. The paper on "Charlatanism" is inadmissible in its present shape. The one on "Quackery," with considerable omissions, will be made use of hereafter.

Died,—At Houston, Texas, Dr. Gideon I. Cowles, formerly of Plymouth, Con. —At Niagara Falls, by the falling of a large mass of rock, while he stood viewing the water, Dr. Hungerford, of Troy, N. Y.

Whole number of deaths in Boston for the week ending June 1, 21. Males, 13—females, 8. Of consumption, 2—smallpox, 1—scarlet fever, 7—lung fever, 1—burn, 1—paralysis, 1—disease of the spine, 1—infantile, 2—casualty, 1—croup, 1—delirium tremens, 1—hooping cough, 1—stillborn, 6.

A GOOD STAND FOR A PHYSICIAN.

A physician, doing a good business in a pleasant village in the County of Worcester, wishes to introduce some active practitioner into his business, upon the most reasonable terms. Inquire of the editor of this Journal—postage paid. J. 5—tf

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PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry, Davies, Conquest, Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess d'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D. Professor of Midwifery in University of City of New York; Professor Delafield, Professor Francis U. Johnson, Pres. County Medical Society; Laurens Hull, Pres. Med. Society State of New York; Prof. James McNaughton, Albany; Professors March, Cyrus Perkins and Doane; James Webster, Prof. Anatomy and Surgery, Geneva; David L. Rogers, Prof. Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States. AMOS G. HULL, Office 4 Vesey St. Astor House, N. York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham Street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $10. Feb. 23—6m

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TO PHYSICIANS.

A physician, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is as eligible for a physician as can be found in the State. For particulars, inquire at this office. A. 10—5t*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

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CLINICAL REMARKS AT ST. GEORGE'S HOSPITAL.

BY SIR B. C. BRODIE.

Anomalous Cases of Hysteria.—We have often drawn the attention of our readers to the medical and surgical treatment of these cases in the hospital. There are, at present, two of this description under the care of Sir B. Brodie.

The first of these is a young woman whose countenance presents no hysterical indication, or unusual nervous appearance. She was admitted with apparent disease of the right hip-joint. In Sir B. Brodie's absence, Mr. Cutler examined her carefully, but could make out no organic derangement of structure, and Sir B. Brodie did the same, with a similar result. The patient's tale is, that about six years since, she received a kick from a horse, which confined her to bed for nearly three weeks, during which time she was leeched and blistered over the affected part, after which the hip became purple, yellow, blue, and black ; and since this period the pain has continued with little or no intermission ; she is able to walk about in the ward, but cannot bear pressure over the great trochanter, or the slightest rotation of the joint. Her appetite is good and her tongue clean, but her rest at night is very much disturbed. Sir B. Brodie examined her, both verbally and manually, with all that tact and acuteness which he so well knows how to display in all these nervous cases, but he could not detect her " tripping " in the slightest degree. He observed that the variation in color over the hip-joint, on which the patient laid so much stress, was either a lie or a mistake, most probably the former; and that although there was no evident disease of structure, yet there existed a very deplorable state of nervous system, characterized by many of the symptoms which she had described. She had been taking steel medicines in various forms since her admission, without deriving much benefit from them. As her case exhibited many symptoms which might be true or not, Sir B. Brodie desired Mr. Chappell to institute a most rigorous and searching inquiry into her case, with the view of detecting the chaff from the wheat, and report proceedings to Sir Benjamin Brodie at his next visit. This was accordingly done, but the house-surgeon could make out nothing more than what has been already stated ; she was, therefore, recommended to take a trip into the country, as her health began to suffer from confinement to bed, where she had been for some weeks. Some time since she again presented herself for admission as an in-patient, and under Sir Benjamin Brodie she was again admitted; her countenance now bore strong indications of good sound health, but the right hip was still the plague-spot of all her sufferings; she showed the same acute sensibility to pain, and whether the abdomen, the groin, the thigh, or the knee was pressed, the same hysterical shrinking from pain was equally evidenced. Sir B. Brodie was more than ever assured that the case was one of shamming, and at his next visit he determined upon putting her upon some medical treatment the unpleasantness of which would induce her to give up her malady and her medicine very quickly. He inquired of some of the pupils which was the most nauseous medicine within their experience; some recommended assafœtida, others assafœtida and lime-water, and others assafœtida and castor, but Sir B. Brodie ordered the following to be taken three times a-day: R. Sulphate of zinc, one grain; syrup, one drachm; camphor-mixture, one ounce and a half.

This, he said, would very soon draw the humbug out of the lady, and make her so internally unpleasant to herself that she would soon be a very different creature in more respects than one.

The next case, which came in on the day of the previous patient's fresh admission, was of a woman more advanced in years, and betraying still fewer indications of hysteria than her sister sufferer at the opposite end of the ward, either in countenance, voice or manner. She also complained of severe pain in one hip, which disturbed her rest at night; and stated that she was a severe martyr to piles, which she wished to have tied. On examining into these latter symptoms Sir B. Brodie found that they were all internal piles, and that upon straining at stool, they did not protrude, and consequently could not be tied. She was ordered to use an injection of cold water every morning until she felt relieved. In both of these cases, as well as some others in which there are hysterical pains in the joints, Sir B. Brodie observed that where you meet with a young person complaining of a tearing pain, or a grinding pain, or a pain as though scalding water were being poured upon the part, these sensibilities of parts may be almost always considered as purely nervous or hysterical, and quite independent of any local disorganization of structure.

With respect to both these cases the surgeon reiterated his orders that the examination of each might be very strict and searching, because, although it was very bad to mistake an hysterical affection for a real disease, it was yet a thousand times worse to commit the opposite error of mistaking a real organic disease for a simple hysterical affection.

Necrosis.—There have been several cases of necrosis lately in the hospital, and we here condense the remarks made at different times on the various cases presented to notice.

"In cases of necrosis you will sometimes find that sinuses and abscesses will form in the portions of new bone as well as in the old. These are frequently the cause of great pain to the patient, and when you have three or four of these abscesses bursting about the same time, you are sometimes obliged to amputate the limb. I once had a case of this kind, which I afterwards injected, and a very fine preparation it was. On making a section of it I found a large rough mass of new bone, but in the centre of the cancellous structure there were numerous small abscesses; I remember that before I amputated the patient's limb in the case, saying to myself, 'there is surely no dead bone here; then why does not the man recover?'

"Sometimes, in these cases, there may be no dead bone, or there may be a small portion only at the bottom of a sinus. In such cases you must wait for a short time, and see whether the abscesses will heal spontaneously or not. Now if an abscess occurs in the soft textures it will sometimes not heal, from the predominance of muscular action. In such a case, however, as this, there is no muscle, but there may be a portion of dead bone at the bottom of a bony sinus preventing the free egress of matter. In such a case you must lay open the parts to the bottom, in order to remove the dead bone, or to allow a free exit to the matter pent up; such an operation I performed in private practice only a short time ago. In the death of a bone a large portion of it may die, but it seldom happens that the whole shaft dies. The epiphyses of bones seldom die; but the greater part of the shaft of a bone may die, and a large quantity of new bone may be deposited, and matter may form between the dead and living bone, and point to the surface. When the tibia is affected in this manner it becomes much increased in size. There comes an œdema of the limb, followed by abscesses, at the bottom of which the probe detects a portion of dead bone. Now, with regard to the time at which this old dead bone should be removed from within the box of new bone which surrounds it, it ought not to be done until the dead is completely detached from all connection with the surrounding living structures. At first it is continuous with them, but it is like a slough, and eventually separates by exfoliation; the time which it takes to accomplish this varies much, and depends much on the constitutional powers of the circulation; I have known the stump of an amputated bone to exfoliate in three weeks, but a period of three months is more commonly required for such a process to be completed. There is no harm whatever in waiting one month too long, but there may arise much mischief in attempting to operate one month too soon. When you feel dead bone at the bottom of a sinus, cut down upon it, peel off the periosteum, and ascertain by the probe where is the best place to apply the trephine over the new bone to remove the old bone beneath. Sometimes you are not able to apply the trephine, and you must then use the chisel, if the parts are soft enough to allow of it; after the operation you will most probably have a very foul, ill-conditioned ulcer, and that portion of bone scraped by the saw will exfoliate. At first the tibia becomes much enlarged after the operation, but this increased mass soon becomes absorbed. It is astonishing, sometimes, how very large a portion of bone you have to remove, and how small a quantity of new bone is left behind. Sometimes the exfoliation of old bone is more rapid than the formation of the new osseous structure, which generally accumulates very slowly, and with a large deposit of periosteum on its surface. These cases I generally treat as I do fractures, and put them up in splints until the new osseous deposit is nearly completed. Such are some of the circumstances connected with the treatment of necrosis, and they become the more interesting and valuable when we compare the present improved method of cure adopted in these cases with the old unscientific method followed formerly."

Scald Head.—A child who labors under this affection, and who is under Sir B. Brodie's care, had had several different applications made to the shaven scalp, but without any benefit being derived from them. The latter treatment has more particularly consisted in having the head shaved, and the scalp lightly touched with the strong acetic acid. This, however, caused so much pain, that it was necessary to stop it; and thus the remedy has not had a fair trial, nor is the disease in the least degree abated. Sir B. Brodie ordered the head to be again shaved, well washed with brown soap and water, and the ointment of the nitrate of mercury applied to it every morning. Whilst standing by the patient's bedside, Sir B. Brodie inquired whether any other surgeon, either in or out of the hospital, had seen the case, or given their opinion upon it, which question being answered in the negative, he observed that the red precipitate of mercury, in the proportion of two drachms to one oz. of ointment, was an exceedingly valuable preparation in some cases of the kind. He was acquainted with a surgeon who cured such cases by subjecting the scalp to the steam of hot water for one hour daily.—*Lan.*

"THE MINISTER'S AIL."

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I have observed, in recent Nos. of your excellent Journal, remarks by several of your correspondents upon the causes, &c. of the "minister's ail," alias "impaired voice in clergymen," some of which I would ask leave briefly to notice. I am aware that your pages might be occupied with matter far more interesting and important than anything that I can offer; yet as the design of your Journal is the advancement of science and the alleviation of the "ills to which flesh is heir;" and as some sentiments have been advanced, which, in my mind at least, do not comport with these objects, perhaps the few thoughts that may have suggested themselves may not be deemed unworthy a place in your paper. Otherwise please throw them under the table.

There is no doubt that the vitiated air in crowded assemblies, as Dr. Woodward observes, has a pernicious effect upon the vocal organs of public speakers, as it does upon the whole system; but that the air which the minister, from his elevated situation, inhales, is more impure, is contrary to fact. Respired air, from a relative increase of carbonic acid gas (an agent which in a concentrated state acts specifically upon the glottis), and from the exhalations from the respiratory organs, becomes specifically heavier, and consequently sinks to the bottom. Hence the lower strata of air in the room are rendered sooner and more vitiated than the upper. This is clearly shown by the lights in such a room, those burning more dimly in the lower part than the ones more elevated. The same fact may be illustrated at any time upon a small scale, by placing several tapers, at different elevations, in a glass receiver;

as the oxygen of the air becomes exhausted by combustion, and carbonic acid gas is eliminated—a result similar to that effected by respiration—the lower taper will burn dim and go out first, the next above will succeed, and so on to the last. The mephitic air in old wells, pits, &c. exhibits the same phenomena in its influence upon combustion and animation ; that in the lower parts being always found the most impure and deleterious.

Dr. W.'s views respecting the use of tobacco are good, and fully agree with my own.

One of your correspondents tells us the cause of " the affection " is the non-use of tobacco—or rather, perhaps, that the use of it is a preventive ; another, that cold water is the cause. Now I think facts are against both these " opinions."

Dr. Mauran founds his opinion upon the fact that the disease is more common now than formerly, when the clergymen were in the habit of using tobacco—that he had known no case of the affection in those who use it—and also, that public speakers of other professions are exempt from the disease. This array of evidence, at first view, appears quite formidable. Yet the same arguments might be used, with the same propriety, in favor of alcohol ; for twenty-five years since, as many ministers, comparatively, used ardent spirits, or at least took a "little wine for the stomach's sake," as now refrain from tobacco. And further, I have never known one using alcohol, troubled with the affection, while I have others, who do not. Nevertheless I believe Dr. M. would hardly be ready, from this fact, to consider *it* a preventive, or prescribe it as a remedy. But that tobacco is *not* a preventive, the cases instanced by Dr. W. and Professor Mussey, clearly prove ; and these, with other cases, which, upon further reflection and investigation, they have no doubt might be adduced, show that the disease is comparatively as frequent and as severe in tobacco-users as in others. I can hardly believe that nature requires, for the integrity of the vocal or any of the other organs, the continued use of an agent so powerful and deleterious as this. But were it proved that tobacco *is* a prophylactic for the disease in question (which is far from the case), I, for one, should consider the " remedy a little worse than the disease ;" for there can be no doubt that its effects upon the system, and especially upon *some*, at least, of the vocal organs, are very pernicious, to say nothing of the *other* "tendencies " of this filthy and offensive practice. Your last Journal contains a case of cancer of the tongue, which, there is much reason to suppose, was caused by tobacco, and which, with a multitude of other similar cases of disease of the lips and tongue of tobacco-eaters, presents as strong arguments against this article as any that have yet been adduced in its favor. I heard Professor Mussey remark, a few years since, that of the numerous cases of cancer of the tongue and lips, which had come under his practice, he never knew but *one* that occurred in an individual who was not in the practice of using tobacco, either by chewing or smoking, or both ; and, further, that they (the ulcers) uniformly occurred in those parts where the cigar and quid were accustomed to be held. And if I recollect rightly, he stated, at the time, that Dr. Warren's experience corresponded with his own; or, rather, that he (Dr. W.) had never seen a *single* case that was not connected with the use of the "weed." My own limited experience affords me one case of a severe ulcer of the mouth, which the patient considered very formidable, until the cause was removed—that is, the quid shifted to the other side of the "*box*." Who, then, would not rather run the risk of losing the voice by the "throat affection," than by the extirpation of the tongue? Unless, therefore, there be stronger reasons presented in favor of the use of this narcotic than any I have yet seen, though there may be some "worthy and respectable divines who habitually chew and smoke" without being "found lingering about the bar and grogshop," I think we had better continue to "preach" against the "vile practice."

Your Gray correspondent assures us that the cause of this disease is the practice of taking cold water while speaking. There is, I believe, as little foundation for this opinion as for the one which I have just considered. He says he would scarcely thank a man to tell him what is *not* the cause of a particular effect, if he cannot tell him what *is*. Now I have been instructed that it is oftentimes as important to know when not to give medicine, as when to give it; so there may be cases, I conceive, where it may be as essential to know whether a particular agent is not, as whether it is, the cause of a particular disease—or, at least, it is far better to suppose ourselves ignorant of the cause of a certain effect, than to attribute it to a wrong one. Therefore, though I may not be able to show what is the cause of the affection under consideration, Dr. A. will pardon, if not thank me, if I say cold water is *not*. Dr. M. in his communication, remarks that "the affection" is confined exclusively to ministers, and this I believe to be the case. Now so far as my observation goes, there are but very few of "the order" who are in the habit of taking cold water while speaking (and I have never known one that was, complain of "the affection"), while the practice, I believe, is quite common with public speakers of other professions, who, it has been stated, are exempt from the disease. These, I think, are facts which a consideration of the state in which the vocal organs are often found during speaking, and the known effects of cold water upon parts in such a state, fully support.

Dr. Allen says, "if they" (public speakers) "are afraid of the contact of the air with the larynx and lungs after speaking, ought they not to be doubly afraid of the contact of cold water with the former during speaking?" I would answer, no; for I conceive the effects of the application of cold to these parts in these different states, to be as dissimilar as that upon a person while at labor, and while at rest after he has ceased; or as the effects of the cold bath in the hot and cold stages of an intermittent. In one case the organs are in a state of excitement and fever, or incipient inflammation; in the other, this state has passed off, and reaction taken place. In some individuals, from a peculiar idiosyncrasy or delicacy of the vocal apparatus, loud and continued speaking produces irritation, congestion and fever of the vocal cords. Consequently the secretions are suspended, and the voice becomes dry and husky. A swallow or two of cold water taken now, instead of serving simply "to wash down the saliva," the flow of which is mostly, if not entirely, suspended, serves to subdue the fever, remove the congestion, and restore the vessels to their natural state, and thus promotes the requisite secretions; so that instead of being a cause, I think it rather a preventive of the disease.

It may perhaps be asked why speaking does not affect all alike. In reply, I would ask why the same causes do not always produce the same effect in all—why "one person is affected by certain agents, which, if applied to a hundred other persons, would produce no effect"—why, of the multitude of operatives who enter our cotton mills, a few, who on entering are as robust as any, find themselves, by symptoms of incipient phthisis, induced by the flyings, warned to leave, while others, occupying the same rooms, boarding at the same house, and living in all respects like them, can labor on, year after year, without any apparent inconvenience to the lungs.

If, in closing these remarks, I am asked for a "theory to take the place of the ones I have attempted to destroy," I would simply add, that the affection is caused by speaking, and the remedy is the same as that for any other, viz., removing the cause, or ceasing to speak.

Annisquam, May 28, 1839. Yours truly,

A. D. Bacon.

EFFECTS OF TOBACCO ON THE VOICE AND HEALTH.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Just a word or two by way of remark, and the relation of two or three cases in point of the subject before us, shall be all at present—leaving the discussion to those able individuals who already have "the floor."

Truly the *throat disease* in clergymen has become a troublesome one to both patient and physician. I myself have had my skill put to the test in it, and have failed; but it never once occurred to me to prescribe tobacco in any form. Indeed, I have thought that preaching would not do me as much good, if I knew that the preacher used tobacco, as it otherwise might. But I will away with all prejudice, and if tobacco is a useful remedy in this disease, let us have it; for although there are strenuous objections to its use, when two evils present themselves we should always choose the least. But its effect upon the nervous system is greatly debilitating, which certainly must go to prove its unfavorable tendency in this disease. Again, tobacco greatly increases the flow of saliva, which generally being thrown out of the system, must debilitate it, and derange the digestive functions. This increased flow of saliva, too, by constantly filling the mouth, is a great detriment to public speakers. I can hardly agree with one of your valuable correspondents, when he says that "the class of people who use tobacco, in chewing or smoking, are the most healthy and robust part of the community." If he will walk abroad with me through the different classes of community, I think I will show him more amongst the pale-faced, emaciated and consumptive, that use *the weed*, than amongst the fresh, vigorous and healthful. But actual experiment, and facts which are the result of experiment, are what we need in order to establish this controverted point; for it is a sober reality that facts—stubborn facts—spoil many a finely wrought theory. But to the cases in point.

1. A lady, who has been constantly under my observation for these thirty years, became, about ten or twelve years since, suddenly affected with general nervous debility. Her mental, suffering with her physical powers, she soon became gloomy and desponding, and strange, for a lady of her standing, she took up the practice of smoking tobacco. In a year or two after this habit was formed, her voice failed—she became, indeed, entirely speechless; for a year or more she could not articulate, even in a whisper, but during all that time communicated with her friends by writing. For two years longer she could articulate only in a whisper. After this, her voice gradually improved so that she could pronounce monosyllables. For a few years past she has been able to converse with an audible voice, yet evidently with much effort, and studiously avoiding all words that are not absolutely necessary to convey her ideas. She still rigidly adheres to the habit of smoking tobacco.

2. For several years I was intimately acquainted with a Baptist minister who was an inveterate smoker. His voice was weak, and would sometimes fail entirely. He was pale, sickly and emaciated.

3. The author of this paper was once a *great smoker*. The habit was kept up for about six years. He found it to be increasing upon him yearly. His nerves became over excited—his hand trembled—and more than once, when he had occasion to use the knife or lancet soon after smoking, he found the trembling of his hand to be a serious difficulty. Ten years ago he resolved to break off from the disgusting habit. He did so at once—and as St. Paul did by the viper on the island of Melita, "he shook off the beast into the fire, and felt no harm;" on the contrary his health evidently improved, and his hand became steady and has remained so. And here he would remark, that it is a notorious fact, that during those years that he used tobacco, as well as in the earlier part of his life, he was almost constantly troubled with a sore throat—and since he has left off its use, it has troubled him scarcely any. He would not say, however, that smoking tobacco had anything to do in keeping up the sore throat, or that quitting the habit effected the cure—for he thinks it did neither; but one thing is certain in regard to it—*the use of tobacco did not cure the disease*."

Respectfully yours,

Unionville, May 30, 1839. E. G. Wheeler.

ON THE DIVISION OF THE STERNO-CLEIDO-MASTOID MUSCLE FOR THE CURE OF WRY-NECK.

The great success of the operation lately introduced by Stromeyer for the cure of club-foot, has directed the attention of the profession to the benefit arising from the use of the knife in all cases of permanent contraction of the muscles. Professor Dieffenbach gives, in the paper before us, the outline of thirty-nine cases in which he divided the sterno-cleido-mastoid muscle, in one of which only the operation was unsuccessful.

The operation is thus performed. The patient being seated on a chair, one assistant draws the head towards the healthy side, whilst another depresses the shoulder of the affected side. The contracted muscle is thus brought to stand further out, and is seized between the thumb and forefinger of the left hand, and drawn powerfully downwards. A strongly-curved bistoury is now introduced behind the muscle, and pushed forwards till its point is felt beneath the skin on the other side of the muscle. The edge of the knife is then turned towards the muscle, and its fibres divided by withdrawing it, taking care not to injure the integuments. When the muscle of the left side is that which is to be divided, the knife is introduced in the triangular space formed by the two portions of muscle about two inches above their insertion, and from this point first the anterior portion, and then, if necessary, the posterior portion is divided. When the contracted muscle is that of the right side, the knife is introduced between the trachea and muscle; the anterior portion is first divided, and then, from a second puncture between the two portions of the muscle, the posterior portion is separated. In the instant of withdrawing the knife the thumb is pressed firmly upon the wound, to prevent the extravasation of blood beneath the skin, and a compress is applied, which is retained in situ by strips of adhesive plaster and a bandage. Two cloths are passed round the neck, with a view to give support to the head, which is allowed to retain its wry position, partly to prevent the extravasation of blood, and partly to favor the reunion of the muscle.

In general the wound heals in a few days. There is generally some swelling over the part where the muscle was divided, and fluctuation is occasionally felt, owing to the extravasation of a small quantity of blood. In such a case the compress is applied more firmly, and stimulating embrocations are had recourse to. Sometimes, though very seldom, suppuration takes place; this accident calls merely for the evacuation of the pus, and the simple treatment of the wound.

In some of his first cases, Professor Dieffenbach employed various means of extension, to bring back the head to its natural position; but he afterwards found a stiff collar of pasteboard, so constructed as, from the uneasiness it produced, to force the patient to turn the head in the contrary direction, quite sufficient to restore the natural position.

We shall give one or two of the cases, taken at random, as illustrations.

Case. I. C. Meir, aged twenty-four, affected with congenital contraction of the sterno-mastoid muscle, producing strongly-marked scoliosis. When thirteen years of age he began to wear a mechanical apparatus, which he continued for some years, but afterwards gave up, as the scoliosis continued to increase. Both insertions of the muscle were divided, and a compress and bandage applied as already described. Neither extravasation nor suppuration took place. The patient remained in bed ten days; gentle extension of the neck was then employed, and in three weeks the cure was complete, and the position of the head natural.

Case XV. Carl Von Schuck, a very lively boy, had been treated according to the most approved system of orthopedy for a considerable time, without benefit. The muscle was divided; some days after the operation, fluctuation from extravasated blood was perceptible, but augmented pressure produced its absorption. At the end of six weeks the boy left Berlin perfectly straight.

Case XXXVII. A boy aged twelve. The right sterno-mastoid was very much contracted, and the head in consequence approximated to the shoulder. This patient had already been operated upon according to the older method; the muscle had been laid bare and afterwards divided, but the contraction returned as soon as the wound healed. The muscle was again divided according to the same method, and although means of extension were had recourse to during the cure, the contraction again returned. According to the report of the father of the patient, this treatment occupied three months. Owing to the induration and adhesions produced by the former operations, Professor Dieffenbach found it necessary to divide the muscle near its middle. The after treatment was as usual; no means of extension were used, simply the pasteboard collar. No extravasation or suppuration followed; the patient was able to go out five days after the operation, and the head regained its natural position.

Of the thirty-nine cases, nine were owing to contraction of the left, and thirty to contraction of the right sterno-mastoid muscle.—*Medicinische Zeitung.*

A TREATISE ON NEURALGIA.*

There is a peculiar unsatisfactoriness in the term neuralgia, as it is applied to designate a symptom of very various diseases. A tumor presses on a nerve, or a nerve is so complicated in the growth of a tumor as to give rise to extreme pain; the cause consists in accumulated fæces, diseased bone, organic disease within the head of various kind, carious teeth, acid secretions in the stomach, &c.; and we call a peculiar pain produced by these and other concurrent causes, neuralgia. The volume before us is a creditable monument of its author's industry in collecting together multitudinous forms of neuralgia from very various sources; but the very nature of the subject is such, unfortunately, that, after having perused the book, we feel the need of some knowledge by which to arrange and systematize the various facts, so as to deduce from them some sound pathological principles and some definite and satisfactory rules of practice; and for this purpose a large number of present facts require, from their incompleteness, to be entirely rejected; they are useless as affording ground for any legitimate deductions. We do not mean by these observations to condemn Dr. Rowland's book, which is well worthy of notice.

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* A Treatise on Neuralgia. By Richard Rowland, M.D. London, 1838. 8vo., pp. 173.

The volume commences with some general considerations on the subject of neuralgia; particular forms of the disease are next treated of as occurring in external nerves; the consideration of the disease as occupying internal organs, together with some cases, terminating the volume.

We shall allude to Dr. Rowland's observations on spinal tenderness as accompanying various forms of neuralgia; a subject which we believe to be as much overrated by some medical men as it is underrated by others. We do not mean to advocate any theory on the subject; but merely to state as a fact, that there exist certain pains of a neuralgic character; that tenderness on pressure of the spinous processes of some one or more vertebræ coexists with such pains; and that relief is obtained by remedies applied to such painful vertebræ. The frequency of such a condition, we believe, has been much aggravated; and we are glad to find Dr. Rowland stating that, "with regard to the frequency of neuralgia from spinal irritation, my opinion does not coincide with the opinion of some recent authors; for, in the majority of cases, I have not been able to detect any sign of tenderness over the vertebral column; I have the authority of Dr. Alison for saying that he has arrived at the same conclusion." It is a question in these cases how far the spinal tenderness is a mere associate of the other pains; for it is not unfrequently found that a tenderness, apparently of the same character, exists in individuals apparently in good health. The same sign has been much lauded of late as a method of distinguishing from inflammation such abdominal pains as are of a neuralgic character. On this point Dr. Rowland speaks satisfactorily from his own experience. "After a careful examination of a large number of cases, I feel justified in remarking that this diagnostic sign cannot be trusted with safety. It is entirely absent in many cases of visceral neuralgia; and, in some cases of chronic visceral inflammation, unattended with disease of the spine, tenderness over the vertebral column is present." We think it worth noticing that the author has found that the troublesome pains which sometimes accompany shingles, are often instantaneously relieved by touching the painful vesicles with lunar caustic; but that it is generally better to apply the caustic to the whole of each group, or to cover them with a strong solution of this substance. In that affection termed by Sir A. Cooper *irritable breast* (by the author, *neuralgia mammæ*), "much benefit may be derived, at least in the milder form of this affection, by the application of leeches, or by cupping over the sacrum or in the uterine region. I have often," says Dr. Rowland, "seen the symptoms disappear under this treatment, when no application has been made to the breast." It does not consist with our limits to make any further extracts from the work before us, which will, however, repay the trouble of an attentive perusal.—*British and Foreign Medical Review.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 12, 1839.

DIABETES MELLITUS.

In the course of a familiar letter from Dr. Joseph H. Flint, of Springfield, Mass., a gentleman distinguished in the profession, he remarks, that within the last twenty years he has made post-mortem examinations of eight cases of this disease. Some of them had been under his own personal care, and others were patients of neighboring physicians, from whom he derived a complete history of each case. There were certain symptoms which it was clearly ascertained had uniformly preceded the development of the malady, and accompanied it through all its stages, that led him to suspect the existence of a cerebral affection, and—" I have therefore," says Dr. Flint, " in every case, examined the brain as critically as my knowledge of that organ enabled me to do." This course ultimately put him in possession of a series of interesting pathological facts, he conceives, connected with the origin of diabetes mellitus, which may be hereafter of considerable importance. " My convictions are," he adds, " that diabetes mellitus is a symptom of cerebral affection, *primarily*—and that death is in consequence of *lesion* of the brain. I am desirous that this suggestion may lead others to a more particular examination of the cerebral mass," which may eventuate in the discovery of a more successful treatment of a very remarkable disease, generally regarded as incurable.

Being satisfied, from our knowledge of Dr. Flint's character and powers of discrimination, that he has not made the foregoing suggestions without carefully weighing the matter in all its relations, it behooves those who have the opportunity, to verify his researches, or show how he has been deceived. As the subject will be likely to interest practitioners, they have a right to expect a full and carefully-drawn statement from our respected correspondent, as soon as the multiplied concerns of a large circle of practice will permit.

Medical Appointment.—By the removal of Dr. Parker from Cincinnati, the chair of surgery has become vacant. It is presumed that the Trustees of the Cincinnati College understand their interest well enough to know that Dr. Gross, now in the department of pathological anatomy and physiology, is esteemed to be the best qualified to fill Dr. Parker's place. To popular and courteous manners, he unites those profound attainments in science, which command respect at home, and operate favorably for the welfare of the College abroad. Provided an arrangement like this were made, which seems to be in accordance with the public sentiment, then the question will arise, who shall fill the chair of pathological anatomy ? One of the best pathological anatomists in New England, resides in Boston, who must ultimately become a public teacher, because it is hardly possible to conceal his light much longer under a bushel. It is not because there is any disposition to urge a man to emigrate, that these intimations are given ; nor do we wish to palm off a second-rate fortune hunter upon the people of the West ; but from a conviction that there is no apology on the part of a great corporation instituted expressly for promoting science, if the most competent men are not selected for vacant professorships.

It must ultimately come to this, in the United States, that the French system of concours will be adopted, as the most certain method of securing the first grade of talents for our schools of medicine. There is ordinarily an undertow working in behalf of favorites, which modest merit cannot compete with. Hence the dilapidated condition, nay, positive deterioration, of so many medical institutions at this particular time.

Officers and Counsellors of the Mıssachusetts Medical Society, elected May, 1839.—*President*, George C. Shattuck. *Vice President*, Nathaniel Miller, of Franklin. *Corresponding Secretary*, John Homans. *Recording Secretary*, Solomon D. Townsend. *Treasurer*, Walter Channing. *Librarian*, George W. Otis, Jr.

Counsellors. 1st Department.—Drs. James Jackson, Benj. Shurtleff, J. C. Warren, John Randall, George C. Shattuck, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, S. D. Townsend, John Ware, Z. B. Adams, David Osgood, Edward Reynolds, Jr., Woodbridge Strong, John Jeffries, John Homans, George B. Doane, Jerome V. C. Smith, Geo. W. Otis, Jr., Samuel Morrill, Winslow Lewis, Jr.

2d Department.—Drs. Joseph Kittredge, Jeremiah Spofford, A. L. Peirson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Richard S. Spofford, Calvin Briggs, Dean Robinson, Jonathan G. Johnson, Edward A. Holyoke, Wyatt C. Boyden, Rufus Longley, George Choate, George Osborn, Ebenezer Hunt, Charles O. Barker, William Prescott, Joseph Reynolds.

3d Department.—Drs. Thomas Bucklin, John Walton, Abraham R. Thomson, Timothy Wellington, Zadok Howe, William S. Walker, John C. Dalton, Josiah Bartlettt, Daniel Swan, John O. Green, Joshua Green, Elisha Bartlett, Anson Hooker, Nehemiah Cutter.

4th Department.—Drs. Stephen Batchelder, John Green, Edward Flint, Benj. F. Heyward, Charles W. Wilder, Amos Parker, George Willard, J. Starkweather, John G. Metcalf, P. T. Kendall, J. S. Butler, Jos. Stone.

5th Department.—Drs. Joseph H. Flint, A. W. Stone, S. W. Williams, Eli Hall, Elisha Mather, B. P. Jones, David Bemis.

6th Department.—Drs. Henry H. Childs, Wm. H. Tyler, Asa G. Welch, Royal Fowler, Robert Worthington, Hubbard Bartlett.

7th Department.—Drs. Amos Holbrook, Nath. Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimpson, Ebenezer Alden, Noah Fifield, James Hewins, Charles Wild.

8th Department.—Drs. Alexander Reed, William C. Whittredge, Andrew Mackie, Caleb Swan, Menzies R. Randall, Wm. A. Gordon, Paul Spooner, Samuel Sawyer.

10th Department.—Drs. Joseph Sampson, Aaron Cornish, Henry Tuck, Samuel Swift, E. P. Fearing, L. M. Yale.

Painful Affection of the Nerves.—Dr. Comstock, to whom we acknowledge ourselves, in common with the profession, greatly indebted for his various contributions to science, writes to us thus: "The account given of the sufferings of the poor boy at Charlestown, has induced me to address you at this time, and to inquire if the cyanuret-potassa has been used in his case. I have experienced so much of this remedy in allaying nervous pain and irritation, that I have thought it a duty I owed to afflicted humanity to suggest it. I have usually used it in solution, say ten grains to an ounce of water. Doubtless blistering the part and applying sulphate of morphia has been tried. Blistering might precede the application of the cyanuret, and the strength of the solution be increased. The nitrate of silver, internally, has probably been administered in the form of pills, Have, also, the creosote and sach. sat. combined with opium, been used ?"

Scarlatina in Maine.—A distinguished practitioner in Maine thus writes in relation to scarlet fever : "Several years since we had a tremendous rush of it. My neighbors lost almost all their first cases. After losing two, I changed my practice entirely, and out of twenty-two daily cases, did not lose another. The course was different from any I have seen reported in your Journal, and at my leisure I will give you the outlines of it. The practice in Europe, as well as here, has certainly been most unsuccessful—I might say, in fact, disastrous." On recognizing this note, which was extracted from a recent letter, we hope the talented author will not forget the importance of such a communication as he intimates may be hereafter prepared.

Compound Tooth Instruments. To the Editor.—Sir,—In reading the "Medical Miscellany" in the Journal of June 5th, I perceived that "a mechanic of Amesbury claims to be the inventor of the tooth instrument which I presented you." As these instruments answer well the purpose for which they were designed, it is not singular that a wish to claim, at least, a part of the invention, should be started by others. In regard to the "mechanic," if he is the one whom I called on to make the patterns (and I know of no other who could be tool enough to make such an assertion), I would say that it is very singular that he should have the capacity to guess out an instrument for extracting teeth, whose parts are so well adapted, when he probably never saw a tooth instrument of any form, unless it was whilst passing from the surgeon's hand to his mouth. If making, or rather attempting to make, patterns from drawings, whose every part and principle was laid down by me, entitles him to the invention, it shall be accredited to him. Without detracting from his mechanical powers, I will add, that I was under the necessity of making the patterns myself. Yours respectfully,

Salisbury, June 6th, 1839. I. B. Gale.

P. S.—These instruments are for sale by Mr. Metcalf, Tremont street, Boston. I. B. G.

Medical Miscellany.—A ship carpenter, in New York, was poisoned last week by what was supposed to be a soda powder, sent from a druggist's shop.—Several New York papers praise the lectures on surgical anatomy and operative surgery, which have lately been delivered in that city by Dr. John Carnochan.—Dr. McMunn's elixir of opium is puffed without stinting by the editor of a comatose hebdomadal in a neighboring State. We are unwilling to believe that those eminent physicians whose names are familiarly appended to the wholesale vender's advertisement, ever had anything to do with it.—A medical student in New York, on being sued for his board bill, filed an account for feeling of the landlady's pulse, but lost the case, not having the law on his side, because he was not a medical graduate.—Dr. Lewis amputated the arm of another man at Burnham's bakery, at Roxbury, on Thursday last, who was caught in the same machinery which obliged the surgeon to take the limb off at the shoulder-joint a short time since.—The annual circular of the Medical Institution of Yale College, for the term of 1839–40, is already circulated. —Dr. Francis S. Beattie has been appointed collector of the Port of St. Marks, Florida.—Dr. Thomas H. Hall, of North Carolina, is a candidate for Congress. Dr. Montgomery, of the same State, was a member last year.—Dr. John Davy, brother of Sir Humphrey, is about publishing the complete works of that celebrated chemist, in 10 8vo. volumes.—The operation for laceration of the perineum, by the quilled suture, as practised by M. Roux, has lately been successfully performed in England by Mr. Robert Davidson.—Mr. Everitt, of the Medico-botanical Society, London, recommends that all extracts, which are to be preserved for any length of time, be first entirely freed from moisture by placing them under an air-pump with sulphuric acid, and then kept in a close-stopped bottle.—Enos Hoit, M.D., of Sanbornton, N. H., was recently re-elected president of the New Hampshire Medical Society.—Dr. Fletcher's truss is taking a high stand among the late inventions.

Money Mis-sent.—On the day of the annual meeting of the Medical Society, Dr. Huntington, the Mayor of Lowell, handed the editor of the Journal, by request, a paper containing $10 50. On the outside there is written—"*from Watts.*" The publisher has no account with any person of that name. The money, therefore, waits the order of the owner.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1839. May.		THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
		Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.			H'st	L'st	
1	Wed.	48	52	50	29.30	29.31	29.29	N E	Cloudy	47	54	Plant. China corn & Rohan potat.
2	Thur.	48	69	67	29.21	29.20	29.20	S	Clear	47	72	Thund. rain. Mis. currant in blos.
3	Frid.	55	58	46	28.91	29.04	29.17	N W	Clear	52	61	Th. storm, wind, great rain. Peach [trees in blos.
4	Satur.	36	48	46	29.29	29.40	29.48	N W	Clear	34	50	
5	Sun.	32	55	50	29.50	29.39	29.30	S W	Clear	31	58	High wind, showery.
6	Mon.	40	60	58	29.42	29.44	29.40	S W	Clear	31	64	Wild cher. & W. Colum. in blos.
7	Tues.	39	60	51	29.45	29.53	29.53	N	Clear	38	58	
8	Wed.	32	58	50	29.61	29.54	29.38	S W	Clear	30	56	Fly honeysuckle in blossom.
9	Thur.	54	68	62	29.30	29.39	29.48	N W	Clear	46	69	Lightning, showery. Aurora bore.
10	Frid.	40	62	54	29.54	29.59	29.55	N W	Clear	39	64	Apple trees in blossom. Do.
11	Satur.	38	61	58	29.53	29.50	29.49	N W	Clear	35	61	Actæa in blossom. Do.
12	Sun.	38	64	61	29.48	29.49	29.46	N W	Clear	34	59	Rhodora & Flow. Almond in blos.
13	Mon.	45	68	58	29.39	29.40	29.35	S	Clear	43	69	Rain in n't. Tartarian Honeysuckle in blos.
14	Tues.	56	62	58	29.15	29.07	29.10	S	Rain	43	64	
15	Wed.	52	78	70	29.24	29.32	29.30	S	Clear	48	72	Shower in the night. Aurora
16	Thur.	58	76	64	29.30	29.30	29.30	W	Clear	57	74	Showery. Lilac in blossom
17	Frid.	56	66	58	29.30	29.33	29.34	W	Clear	53	66	
18	Satur.	51	67	62	29.38	29.40	29.40	N W	Clear	48	67	Persian Lilac in blossom.
19	Sun.	48	68	67	29.40	29.40	29.34	N W	Clear	46	70	Jessamine in blossom.
20	Mon.	58	78	68	29.28	29.24	29.43	N W	Clear	56	76	Iris in blossom.
21	Tues.	48	65	60	29.48	29.43	29.28	S W	Clear	44	69	Geranium maculatum in blossom.
22	Wed.	51	52	50	29.25	29.36	29.44	N E	Rain	43	53	Tulips in blossom.
23	Thur.	45	60	52	29.57	29.68	29.65	S E	Cloudy	45	63	
24	Frid.	44	52	51	29.55	29.50	29.45	N E	Cloudy	44	55	
25	Satur.	50	67	67	29.35	29.28	29.25	S W	Clear	48	73	Severe Thun. storm in the morn.
26	Sun	54	73	69	29.28	29.30	29.31	N W	Clear	54	73	Mountain potentilla in blossom.
27	Mon.	58	73	65	29.24	29.20	29.15	S E	Cloudy	56	74	Scotch Rose in blossom.
28	Tues.	61	72	68	28.99	29.00	29.01	S W	Clear	60	74	Rose Locus or Acacia in blos.
29	Wed.	58	74	66	29.00	29.04	29.05	S W	Clear	59	73	
30	Thur.	54	65	58	29.05	29.10	29.15	N W	Clear	53	65	
31	Frid.	48	65	56	29.18	29.16	29.17	N W	Clear	45	63	

The month of May has been very favorable to vegetation, and the season is unusually forward. There has been a plentiful supply of rain, and some severe storms. The thermometer has ranged from 32° to 78°; the barometer, from 28.91 to 29.68. The month has been damp, and not unusually warm.

Errata.—In Dr. Comstock's essay on Scarlet Fever, the word *congeries* was misprinted several times for *congeners*.

Married,—In Durham, N. H., Alphonzo Bickford, M.D., to Miss Mary J. Smith.

Whole number of deaths in Boston for the week ending June 8, 38. Males, 14—females, 24.

Of consumption, 8—croup, 1—drowned, 4—disease of the spine, 1—typhous fever, 2—lung fever, 1—casualty, 1—dropsy, 1—scarlet fever, 4—dropsy on the brain, 1—teething, 1—decline, 1—child-bed, 3—hooping cough, 1—infantile, 1—suicide, 1—inflammation of the brain, 1—old age, 1—disease of the brain, 1—debility, 1—inflammation of the bowels, 1—stillborn, 1.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents.

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—" I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, " The Western Journal of Medical and Physical Sciences."

Professor McCleland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that " every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—" Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—" Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, $10.

June 12—1y

OUTLINES OF THE INSTITUTES OF MEDICINE,

Founded on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

" As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—" Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his inferences, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage.

" *New York*, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston. M 20.

A GOOD STAND FOR A PHYSICIAN.

A physician, doing a good business in a pleasant village in the County of Worcester, wishes to introduce some active practitioner into his business, upon the most reasonable terms. Inquire of the editor of this Journal—postage paid. J. 5—tf

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NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders. SETH W. FOWLE,

Oct. 17—1yeop 33 Prince St. corner of Salem St. Boston.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, June 19, 1839. No. 19.

MEMOIR OF DR. NEHEMIAH CLEAVELAND.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following memoir of the late Dr. Cleaveland, of Topsfield, was prepared at my request by his son, Mr. N. Cleaveland, of Byfield. It was read before the Essex South District Medical Society, of which Dr. Cleaveland was a much respected member. No man amongst us set a better example of professional integrity and honor, and his son has drawn his character in colors, which, from the natural fear of being charged with filial partiality, are the reverse of being extravagant. The few who could boast of his friendship will long remember, with pleasure, the virtuous and kind-hearted old man, whose influence was uniformly and efficiently exerted in support of good order and the true advancement of society.

He died on the 26th of February, 1837, of a most painful disorder. Inflammation and slow ulceration attacked the stomach, and after occupying the superior third of the mucous and muscular coats, finally, a few days before his death, penetrated the diaphragm, and opened a communication with the thorax. The whole of this process occupied about a year, during every day of which his character beautifully developed the results of religious training and cheerful resignation to the will of God. Our American patent of nobility is *to come of a good stock*, and this inheritance the late Nehemiah Cleaveland, M.D., both received and transmitted. Respectfully yours,

Salem, June 2d, 1839. A. L. Peirson.

My father was born in Ipswich, on the 26th of August, 1760. *His* father, the Rev. John Cleaveland, was for more than fifty-two years minister of the parish, then known by the ancient Indian name Chebacco, and since incorporated as the town of Essex. I have no recollection of my grandfather, who died when I was but four years old. But his image, derived from oft-repeated description, is vivid before me. A clergyman of the old school—of erect port—urbane, yet dignified—an ardent, animated preacher—a faithful pastor, and a Christian patriot. In the French war he served as chaplain at Louisbourg and at Ticonderoga. In the war of the Revolution, he again became attached to an army; and at Cambridge, in New Jersey and New York, was heard imploring blessings on a cause which he believed to be that of justice and of God.

Catching his spirit, and following his example, three of his sons enlisted in the army. John, the eldest, had a commission as lieutenant. After his term of service expired, he devoted himself to theological studies, became an exemplary minister of the gospel, and died, lamented, about twenty-two years ago.

Parker, who was about two years younger, studied medicine, and had commenced the practice in Rowley (Byfield parish), before the revolutionary war broke out. He then obtained the appointment of assistant surgeon in the army. After serving a few months in that capacity, he returned to the more quiet scenes of domestic life, and a country practice. He had a mind uncommonly able and discriminative. Besides being a most observant, judicious and skilful physician, he was a thorough politician and sound theologian. He certainly had the ability and merit to have filled a sphere wider and more brilliant than that in which it was his lot to move. But he lacked the tact and worldly wisdom which enable a man to make the most of his advantages, natural or acquired. It was a common remark in regard to Dr. Parker Cleaveland, that, as a physician, he was too honest. His is by no means the only instance in the annals of medical men, where solid merit has been left to pine in neglect and poverty, while the ignorant and empirical, by flattering the caprices and indulging the whims of patients, have secured the business and enjoyed its emoluments. Dr. C. died eleven years ago, at the age of seventy-four. Two sons survive him, who inherit his talents, and stand high in public estimation.*

Nehemiah was in his sixteenth year when he enlisted, as attendant on his father, in the army, then investing Boston. At a later period he served as a common soldier in New Jersey and at West Point. The remaining years of his minority were passed at home. Stripling though he was, on him devolved, at that critical and distressing period, the almost entire support of the family. He restored to good order the little farm which had suffered from absence, neglect and mismanagement. He devised ways and means—he labored hard with his own hands—and formed those habits of order, frugality and industry, which he maintained through life.

It was his father's wish, and conditional promise, that he should have a college education. But the formidable expense—the res angustæ domi—and the importance of his services at home, concurred to prevent. His early opportunities for instruction were exceedingly limited. The extent to which, amid cares and business, he supplied these defects in later life, strikingly exhibited the energy of his mind and character.

As soon as he was at liberty to do so, he entered his name as a student in medicine, with Dr. John Manning, of Ipswich, a good physician, at that time enjoying an extensive practice. He remained with Dr. Manning somewhat more than a year, and then completed his medical studies with his brother at Byfield. Just as he got ready to practice, a vacancy was made in Topsfield, by the death of Dr. Dexter. My father removed to that place at the close of the year 1783. Dr. Dexter left a handsome estate, the fruits of a practice somewhat extensive and lucrative. His library and stock of medicines were sold at auction. My father purchased them. The library—hear it, ye ill-starred doctors of later times, who must toil through many a wearisome tome, and whose shelves groan under a weight of medical lore—the library of this popular and successful physician consisted of just *two* books!

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* Parker Cleaveland, Professor of Chemistry and Mineralogy in Bowdoin College, and Rev. J. P. Cleaveland, President elect of a college in Michigan.

My father soon found employment. He early secured, and ever retained, so long as his health permitted him to attend to it, the larger and better part of the medical practice of the place. He was likewise often called into the neighboring towns, Ipswich, Hamilton, Wenham, Middleton, Boxford, and particularly Danvers.

Very soon after coming to Topsfield, he received a commission as Justice of the Peace, at that time a distinction of some value. This appointment opened to him an additional field of labor. He turned his attention to those points of law and statute which come within the jurisdiction of the civil magistrate, and soon qualified himself to discharge his duties with accuracy and fidelity.

In 1787 he married Lucy, eldest daughter of his instructer, Dr. Manning. She was a lady of great excellence, but died in 1791 without issue. In the following year he was again married to Experience, daughter of Dr. Elisha Lord, of Pomfret, Conn. By this connection he had nine children. Three died in infancy. The others, with their mother, survive.

At this period of his life he was often employed as a referee, often on committees for laying out roads, and other matters of the kind, which require a knowledge of business and a sound judgment. In 1811 he was chosen into the Senate of this Commonwealth. In 1812 he was ousted by the operation of the Gerrymander law. But the change in public sentiment, produced by that high-handed measure, restored him in 1815. He retained his seat by sucessive elections until 1819, when he declined being a candidate. I am not aware that while a member of this body he ever engaged in debate. In this respect he felt, probably, an unnecessary diffidence. In comparing himself with others, he thought too much of his early disadvantages. But his weight of character, his knowledge, judgment, and good sense, were felt and acknowledged by his associates at that board. Among them were some of the first men in the State—men whose approbation was *praise*—and who, then, and ever after, when occasion offered, evinced that he had secured their esteem and regard.

In 1814 my father was appointed a Session Justice of the Circuit Court of Common Pleas. From 1820 to 1822 he was Associate Justice of the Court of Sessions, and in 1823 he was appointed Chief Justice. For this station he was well fitted by his knowledge of business, his sound discretion, and his unyielding firmness in all questions of principle and duty. This station he retained until 1828. From that time he was engaged in no public business.

In 1824 he received from Harvard University the honorary degree of Doctor in Medicine. This attention was not less pleasing, in that it was equally unsought and unexpected.

Dr. C. was just six feet in height. His form was erect, dignified, commanding. Until past thirty, he was spare and slender. He afterwards became corpulent—weighing, at one time, two hundred and sixty-five pounds. Yet such were the height and proportions of his frame, that his corpulence never materially injured its symmetry. His health, until he was about fifty years old, was uncommonly firm. He shrunk from no exposure—sunk under no hardship. His first severe sickness he supposed at the time to be an attack of colic. A repetition of the attack, attended by clearer symptoms, convinced him that his sufferings arose from urinary calculi. The debility and emaciation produced by these attacks of excruciating pain were very great. He felt that his constitution was broken up, and that his lease of life had probably dwindled to a span. Though he at length recovered, in a good degree, his strength, and resumed attention to business, he never after regained his former firm health. He continued to be subject to attacks of severe pain and confinement, and scarcely ever rode without feeling more or less uneasiness. A sulkey, which he used constantly for the last twenty-five years, was the only vehicle in which he could ride with tolerable comfort. Whether this was owing to its greater easiness, or the peculiar nature of its motion, may be a question of some interest with medical men.

Knowing that you are familiar with the principal circumstances of the long and painful illness which preceded his death, I deem it the less necessary to enter into detail. The beginning of that illness was manifested by severe pain after taking certain articles of food. The same result successively followed the use of other things, till, at length, there was no article of solid food, and but one or two liquids, which he could take without distress. These privations and pains, with many which seemed to result from other causes, he bore with equanimity and resignation. To the end of life—in opposition to the opinion and wish of friends and of physicians—he declined almost entirely the use of those narcotics which would have relieved his pain, lest they should deaden his intellectual and moral sensibilities.

A brief allusion to some of his personal traits will not, I trust, be deemed unbecoming. A slight acquaintance with my father would suffice to identify him with a school which has passed, or is fast passing, away. He was nursed in the puritan strictness of earlier times. His character, early formed and invigorated under the pressure of hardship and stern necessity, and amid the thrilling scenes of the Revolution, exhibited in his maturer years the strength and firmness which might be expected from such training. There was no effeminacy about him. He regulated his life with the closest regard to principle. If his strictness sometimes bordered on severity, his severity was of the wholesome kind. With all this, his natural sensibilities were quick and tender.

In public affairs and political questions, he took, from his first entry into active life, a lively interest. Of his political opinions his children will never feel ashamed, for they can say that they were those of Hamilton, Jay, and Washington. In politics his course was decided and unwavering. With the class, so numerous of late years, who fashion "their doctrines to the varying hour," he had neither fellowship nor sympathy.

As a physician, he was much esteemed by those who had opportunity to learn his worth. He made, indeed, no pretensions to extensive medical lore—he attempted no difficult surgical operations. But he had—what all the schools of medicine cannot of themselves supply—an observing mind, a retentive memory, a good judgment, and a high sense of responsibility. Nor did he, like too many country physicians, neglect the reading of medical books and journals. His practice was always prudent and cautious—qualities which young and ardent physicians are not apt sufficiently to admire. He was punctual in attending to calls, and kind and cheerful in the sick room. He possessed, in a high degree, the qualities which ensure to a physician the confidence and attachment of his patients. These feelings were often and very strongly manifested. Amid the strife of parties and the collision of rival interests, a man so decided and active could not be without opponents. These he had, and bitter ones. Yet it was no uncommon thing to hear even the bitterest say, that Dr. Cleaveland was a *good physician*—while they gave every proof of sincerity by employing him still.

The position of a medical man in a small country village is, in some important respects, very different from that of the city practitioner. The division of labor, in large towns, very naturally shuts the physician up to his chosen and appropriate sphere. But the country doctor will find many opportunities and calls to do good, for which the faculty, as such, give no prescriptions. Happy he, who has the power and disposition to meet such calls. During the fifty years of my father's practice in Topsfield, few days probably passed, when his opinion or assistance was not sought in some matter aside from his profession. I believe, too, that I shall be borne out by those who knew him best and longest, in saying that there were few occurrences or questions, incident to common life, in regard to which he had not formed an opinion, or could not give judicious advice. Indeed the mere fact that through so long a series of years confidence continued undiminished—the oracle being consulted to the very last—proves that the responses had not been found unsafe or fallacious. The happy influences of so long a course of beneficent action are not to be estimated. How many quarrels have been arrested—how many lawsuits prevented—how much needless expense and trouble saved, in a thousand instances, by the timely, the un-feed advice of a judicious and peace-making neighbor.

I should do injustice to my own feelings, and to my father's memory, should I conclude this imperfect sketch without making mention of his religious sentiments and character. In these matters—all important as he deemed them—of belief and practice, his course was open and decided. Trained in the orthodoxy of primitive times, his early opinions were confirmed by the personal and careful investigation of his maturer years, and he was abundantly able to give a reason for his faith, as well as his hope. Opinions so decided—so cherished—could not be without their influence; they moulded his character and shaped his conduct. The diffusion of truth—the suppression of vice in every form—the spread of religion, pure and undefiled—were objects for which he loved to pray—for which he labored, and to which he contributed liberally of his substance. Yet after a long life employed in doing good, his hopes, his dependence, were in Christ alone. Thus sustained, thus soothed,

> "Faded his late, declining years away."

Thus sustained, thus soothed—from the midst of the affectionate circle which had learned of him to venerate true worth—with undisturbed serenity, and undiminished hope, he sunk gently to the tomb.

LETTERS FROM THE WEST.—NO. I.

LEXINGTON, KY.—MEDICAL SOCIETY.—MEDICAL SCHOOL.—DR. DUDLEY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I am now in one of the most delightful cities of the West, enjoying the hospitality of good-hearted Kentuckians, and associating daily with medical gentlemen who are well known throughout our country, and who have long sustained a reputation which renders them ornaments to our profession. I have a great deal to tell you, and scarcely know where to commence or how to proceed. You are aware, I presume, that Lexington, for a great number of years, was the focus of medical science in the West. Here were assembled, as early as 1810, the most distinguished members of the profession, perhaps, at that period in the Mississippi Valley. And she still sustains her high standing. She ranks equal with her sister cities in point of medical talent, but finds pretty active rivals in Cincinnati and Louisville. Near about the time I have mentioned the Lexington Medical Society was organized, the first institution of the kind ever formed in the West. In 1815 the foundation of a medical school was laid, but it was not fully organized until the fall of 1819. This created great excitement among the principal medical men of Lexington, and led to a great deal of bitter animosity. Dr. Drake, of Cincinnati, who was chosen one of the lecturers, and Dr. Dudley, the lecturer upon anatomy and surgery, became involved in a severe controversy, and, for a short time, the prospects of the young school were by no means brilliant.

It will be proper here to state that the project had in view was to establish a medical department of Transylvania University, and although, as I have before stated, this was not effected until 1819, yet the association of physicians, who were at this time delivering lectures, by leave of the University, was styled "The Medical College of Transylvania University." As a specimen of the sarcastic talent of the two gentlemen engaged in the public controversy, I will extract a sentence or two from their pamphlets. Dr. Drake was charged by Dr. Dudley with an attempt to destroy the College. He founded his charge chiefly upon the facts that he left Lexington and started a medical school at Cincinnati. Dr. Drake came out in a lengthy pamphlet, denying the charge. Dr. Dudley replied. From this reply I make the following extract. "But, sir, what will the learned say, on being told that Daniel Drake, author of the "Picture of Cincinnati," he whose name is already enrolled in the proud list of American literati, is also the author of a pamphlet, unprecedented for its low vulgarity, unequalled for its abuse of individual character. Surely botany, mineralogy and geology, those high departments of science to which you have invited public attention, acknowledge no alliance with that low art of which the grovelling technicality consists in liar, scoundrel and villain."

Shortly after Dr. Dudley's pamphlet appeared, Dr. Drake came out in a "Second Appeal" of thirty-four pages duodecimo. From this I send you the following extract. "As Dr. Dudley has given us to understand, in the second line of his book, that he is a scholar, it may not be amiss to devote five minutes to a consideration of his character as an author. As far as I know, Dr. Dudley is the author of three different works: an inaugural dissertation—a letter addressed to me, inserted in my first appeal—and the pamphlet before me. The first ought to have been suppressed by his friends, and should not now be dragged before the public; the second would be a fair subject for criticism, if its grammar, orthography and punctuation, were not so wretched as to sink the dignity of any reviewer who might condescend to touch it. * * * * * * * * I now proceed to an examination of the *chef d'œuvre* of the doctor's literary labor—his pamphlet."

This is the way they used to quarrel here, and I can assure you the spirit is kept up to this day. Every medical school which has since been organized in the West, save the Lake Erie Institution, has commenced with a big quarrel. One school, indeed, projected by Dr. Drake (the medical department of Miami University), was quarrelled out of existence before it had time to breathe completely. The enmity between Dr. Drake and Dr. Dudley has long ago been adjusted, and they are now on friendly terms. The breach between them was healed in two or three years subsequent to their controversy, so that the little extracts I have given will serve as matters of merriment.

The medical department of Transylvania University went into successful operation with the following faculty, the first ever organized west of the mountains—Drs. Dudley, Caldwell, Brown, Richardson and Blythe. The first session the school numbered 37 pupils and 7 graduates. Its increase has been gradual, until now it averages 260 pupils and 75 graduates. Several changes have taken place in the professorships from time to time, and a few difficulties have occurred recently, which for a time seemed to blight the prospects of the school; but I believe no serious injury has been sustained, and Transylvania bids fair to flourish. The faculty now consists of the following gentlemen: Dr. B. W. Dudley, professor of Anatomy and Surgery; Dr. Cross, professor of Institutes and Medical Jurisprudence; Dr. N. R. Smith, professor of Theory and Practice; Dr. Wm. H. Richardson, professor of Obstetrics and Diseases of Women and Children; Dr. Thomas D. Mitchell, professor of Therapeutics and Materia Medica; Dr. Robt. Peter, professor of Chemistry and Pharmacy. The late munificent endowment of the city council of Lexington ($45,000), will enable the trustees to obtain every requisite material for the advancement of the school. And they are losing no time. A splendid medical hall will be erected by the ensuing session, and one of the professors is now on his way to Europe to obtain books and apparatus.

No man enjoys a more extensive reputation than Professor Dudley. His character as a surgeon is established in Europe and America; and as a lithotomist, he certainly has not his superior in the world. His practice (medical and surgical) is remarkably simple. I have heard him disapprove of the many complicated surgical apparatuses for fractures, dislocations, &c., of modern times, and declare that the bandage, properly applied, would entirely supersede their use. He never makes use of splints of any kind in his dressings, applying nothing but the bandage. This he does in such a manner that the muscles involved in a dislocation or fracture are so completely paralyzed that the injured parts are left quietly to restoration, while at the same time the pressure exerted, although very powerful, is so uniform that the circulation is not disturbed.

In operating he uses few instruments, but they are well selected. He does not approve of lithotrity, lithontripsy, or any of the improvements upon Civiale or Heurteloup; preferring, always, the plainest possible style of lithotomy. In the administration of medicines he observes the same simplicity. Calomel, t. emetic, opium, ipecac, and a few of the vegetable cathartics, constitute almost his entire materia medica. If I am not mistaken, he has never, in his life, administered a grain of morphine or ten grains of quinine.

As a lecturer he is generally admired. His language is plain and forcible, and conveyed with an impressive diction. He has written but very little for the press, and probably never will write anything of the character of a volume. He has been promising the medical classes in Transylvania, for the last eight or ten years, to publish a work on surgery, by the ensuing session; but it has never appeared. In his private life he conducts himself in a manner which renders him worthy the admiration of all. He is quite affable in his manners, and pleasant in his conversation. He is small in stature. I suppose his age must be fifty-five or sixty.

My letter, I think, is about as long as it ought to be, and I shall close. My next will probably be from Cincinnati. Your friend,

Lexington, Ky., May 20, 1839. W. J. B.

CASE OF CHOREA, WITH REMARKS.

BY EDWARD WARREN, MD.

[Communicated for the Boston Medical and Surgical Journal.]

When called to a case of chronic nervous disease, especially if it be of spasmodic character, it is seldom that we can have any very sanguine hopes of seeing any immediate benefit produced by our remedies. On the contrary, we have to apprehend that the affection will baffle all our efforts to subdue it, or that it will only yield after an obstinate and perplexing resistance.

Of late years, the treatment most universally considered as beneficial in chorea, has consisted in the exhibition of purgatives. Antispasmodic remedies were of course naturally resorted to, and tonics have their advocates. Others, considering that the disease is generally excited by worms, rely principally upon anthelmintics. On the whole, however, there is perhaps a greater union of opinion upon the treatment of this, than of most other diseases.

Chorea is generally preceded by habitual constipation, furred tongue, diminished or morbid appetite, and very frequently by worms.

The case I have to relate has little in it that is peculiar, but it affords a good illustration of the effect of remedies, from which benefit was derived earlier than is generally to be expected.

The grand object to be held in view in affections of this kind, is in the first place to remove all sources of irritation from the stomach and bowels, and to bring them into a healthy state. The second object is to give tone to the nervous system, where, as in most cases, tone is required; or to remove plethora when the disease exhibits the entonic character. I believe, however, that entony is rarely a cause of nervous spasmodic affections. Spasm is far more generally the result of weakness than of strength.

May 19th.—I was desired to visit A. B., a lad of about thirteen years of age, of spare habit. He had for about eighteen months past been subject to spasm of the facial muscles, which had gradually increased, and extended to the whole body. I found him to be of a very shy, timid disposition; any observation increasing the convulsive motions, which were incessant, to a great degree. Before the affection commenced, he had been subject to worms, and had passed several of great length within a day or two before I saw him. His tongue was thickly coated, bowels constipated, appetite voracious. He had received medical advice a year before I saw him, but the effort to swallow the medicines produced such violent spasms, that they were abandoned. His sleep was uneasy and frequently disturbed; and a severe paroxysm came on every night soon after he went to bed. He had also pain in the small of the back.

In order to obviate the difficulty produced by taking disagreeable medicines, I directed pills composed of calomel, jalap, rhubarb and aloes combined, which by their being minutely divided he was able to swallow in sufficient quantity to act as a powerful purgative. He was confined to a strict but nourishing diet, friction and rubefacients applied to the spine, and an anodyne pill given at bed-time every night.

On my second visit I found him much better. The medicine had operated powerfully, the spasms were less, the tongue much cleaner, and the appetite more moderate. The pills were continued every other night for a little over a week, and his improvement was rapid. I next directed him to make use daily of a cold shower bath, to which at the time he showed no aversion.

On my subsequent visit, he was not quite so well. The shower bath had excited violent spasms in consequence of his dread of the cold water, and his nervous system had not recovered itself when I saw him. I advised, therefore, that no further attempt should be made to use the shower bath; but that he should gradually accustom himself to the use of cold water by sponging daily, and employing it more and more freely until he became habituated to it. After the sponging, friction was employed for some time every morning, and then the rubefacient wash applied to the lower part of the back. This wash was of sufficient strength to create some irritation, but not to remove the cuticle. The friction was repeated at night.

June 2d. Much better. Finds no difficulty in sponging with cold water. The nocturnal paroxysms have entirely disappeared.

After he had continued the purgative course for about a fortnight with great benefit, I directed him to take the tincture of muriate of iron, in rose water, with syrup of orange peel, about fifteen drops three times a-day. This was continued for a week or two, when the sulphate of quinine was substituted. After a short time longer, he had become so habituated to the use of medicines, and had acquired so much confidence in their efficacy, that I ventured upon a trial of a preparation containing turpentine, in which, however, the taste was as much disguised as possible. He took this without much difficulty, and he continued to improve. No perceptible benefit was derived from the turpentine; no more worms were passed; and after a short trial it was discontinued. The iron and quinine were resumed and given alternately, and cathartics as occasion required. It appears to me that much of the benefit of tonics is often lost, and bad consequences are frequently produced by them, in consequence of sufficient care not being taken to keep the bowels in a cool state and free from irritation, by the occasional exhibition of a cathartic or laxative, and by preparing the way for them in this manner before they are commenced. In most cases, a tonic will act much more beneficially if preceded by a cathartic.

I continued to visit my patient until the first of August. His improvement had been steady and progressive, his appetite was healthy, tongue clean, no pain in the back. He rested well without opiates, and had no nocturnal paroxysms. The convulsive motions were now slight, and less frequent. To complete the cure, I advised his removal into the country.

Boston, June 10th, 1839.

CREOSOTE IN APHTHÆ.

A MEDICAL friend, residing in Virginia, makes the following remarks at the close of a letter.

"I wish to propose to Dr. Hitchcock, for consideration or trial, the use of creosote in aphthæ of the œsophagus, &c. A remedy for chronic aphthæ is a desideratum in these parts. My friend, Dr. W. A. G., is pursuing such a remedy with great ardor. He writes me that he has a case now on hand, of a truly obstinate character. The generality of physicians, I suppose, would pronounce *creosote* dangerous in such cases, if not entirely inefficient.

We are making a trial, in this neighborhood, of the *ioduretted hydrarg.*

potass. in doses of about 5 drops, in a case of inflammation about the eye. Some have pronounced it a case of cancerous character. The sight of one eye has already been destroyed. The iodine has been used for some time for the purpose of reducing a small tumor near the canthus of the eye. The gentleman whose eye is thus affected is a wealthy and truly respectable citizen, and of course we feel a delicacy in mentioning his name or in pronouncing it a cancer. We should be glad, however, of any information concerning the io. hy. potass. in such a case."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 19, 1839.

HISTORY OF AMERICAN SURGERY.

Through all the changes that have taken place in our country, from the earliest period of its civilization down to the present moment, surgery has been skilfully and successfully practised. Even before the revolution, there were operators of distinguished attainments settled in the colonies, who not only closely followed the systems taught in Europe, where most of them had been educated, but they exhibited a boldness and ingenuity that won the confidence of the people. In the great struggle for independence, men of every rank and condition from the old world rushed to the theatre of war, and generously assisted, by their superior advantages, in laying the foundation of those institutions which now give so much character to the United States. Both physicians and surgeons from England, France and Germany, felt a sympathy for the oppressed, and the patriotism which influenced them to leave the polished circles in which they moved at home, to join the needy armies under the renowned Washington, should never be lost sight of by posterity. The first native operators had their instruction, therefore, from persons who were qualified in the best schools and hospitals of Europe. From the very beginning, in fact, operative surgery has not been obliged to contend with those embarrassments which have characterized the domain of clinical medicine. While physic has had its brigades of ignorant pretenders, the art of surgery has rarely fallen into ignorant hands.

Here in New England, the late eminent Dr. John Warren, of Boston, and Dr. Nathan Smith, of New Hampshire, enjoyed a merited reputation which few or none, perhaps, in modern times, can expect to obtain. Their fame extended over a vast extent of territory, and even at this day their authority is quoted with an air of confidence. Dr. Le Prelate, an uncommonly accomplished surgeon, who came from France and settled in the neighborhood of this city, should by no means be lost sight of in chronicling the chirurgical events of the north. To these wonderful men, succeeded the present Dr. Warren, of Boston; Dr. Twitchell, of Keene, N. H.; and a host whose names and exploits are familiar, who are located in various places—the central points, from whence a widely-extended fame is continually increasing.

In New York, without going further back than the memory of the late

Dr. Post, most interesting details might be furnished, of importance to the historian of the art.

These thoughts took their rise in consequence of ascertaining that John R. W. Dunbar, M.D., of Baltimore, is earnestly engaged in collecting materials for a work on the history of American surgery. The labor could not have been voluntarily undertaken by a more competent person. It necessarily embraces a long period of time, and will oblige him to collect the personal biography of a multitude whose influence is still felt, while their names, if much longer neglected, will be wholly lost to the archives of fame.

It will be a praiseworthy act to favor Dr. Dunbar with sketches of characters, reports of surgical cases, together with newspaper accounts of olden times, when properly authenticated. Series of the first medical journals published, with the uninterrupted files, are indispensable to him, and we venture to hope that the profession, in every part of the country, will transmit, for his use, all such auxiliary assistance as may be at their disposal. Pamphlets, inaugural discourses on the occasion of the induction of a teacher to a chair of surgery, together with manuscript notes of gentlemen, taken during their pupilage, will all be serviceable in enabling the compiler to complete the history in a manner acceptable to us all.

As the subject is extensive, embracing a broad geographical field, it is hardly possible that the public should be gratified with the result of the author's inquiries and researches very speedily. There is no pressing necessity for hurrying it through the press in an unfinished condition—a few years, if years are required, are of but little consequence, compared with the importance of having facts properly arranged, and judiciously selected. Dr. Dunbar has certainly taken up unoccupied ground, which promises an abundant harvest. He has nothing to fear from competitors, and consequently if he does not secure an imperishable name for himself, while rescuing the memories of others from the accumulating dust of ages, the world—especially that part of it included within the boundaries of North America—will wonder how it happened.

American Medical Almanac.—The first edition of two thousand copies, of that useful medical remembrancer, the American Medical Almanac, met with such rapid sale, that an edition of *six thousand* is contemplated in the second number of the series, for 1840. Gentlemen are respectfully requested to favor us with such statistical materials as will most conduce to the general utility and interest of the work. All medical associations, the names of presiding officers, locations—whether of State, county or town, are solicited. Statistics of American hospitals, with names of the principal medical officers, term of office, compensation, annual number of patients, &c., in the cities of Philadelphia, Baltimore, and the States of North and South Carolina, Georgia and Louisiana, are greatly desired, from competent sources. Facts, in the fewest words, will be highly acceptable. All such papers, however, should reach us before the 15th of August, to be serviceable in constituting the pages of the next volume of the Almanac.

Deep-seated Disease of the Bones.—By looking back to page 256 there will be found detailed, in a general manner, the condition of a boy in Charlestown, Mass., who is suffering excruciating agonies, from time to time, by what is supposed to be a disease of the anterior tibial nerve. With reference to that case, Dr. Comstock, a learned practitioner of medicine, residing at Lebanon, Conn., has kindly related the following, which certainly bears a striking analogy to the one referred to.

"In further reflecting upon the boy's case at Charlestown, an instance occurred to me of a man who had a pain in his foot, which, from its intensity and his long-continued suffering, he at length was anxious to have amputated. This was done in my presence. The foot was afterwards dissected, and it appeared that an acrimonious humor had eaten away a part of the end of one of the bones—one of the metatarsal bones, I think. At any rate, the bone eaten or eroded was left with three sharp points, as much like saw-teeth as anything. There was no caries, and I hardly consented to the amputation. Now had assiduous blistering or an issue been used, the limb might possibly have been saved. There was no swelling, and the injured part was not more than half an inch in width. As a slight injury appears to have been the cause of the boy's suffering, I have an impression that the bone may possibly be injured, as Sir Henry Halford found to be the case in some cases of tic douloureux. If so, remove the injured spot with the trephine. This would have saved the man's foot."

U. S. Dispensatory.—We learn that Drs. Wood and Bache are preparing for the press a new edition of the United States Dispensatory. This will be the fourth edition, and, like the preceding, will probably be a large one. This excellent work is now generally introduced throughout the United States, and is equally necessary to physicians and druggists.—*Medical Examiner.*

Belladonna in Erysipelas.—At the last meeting of the Medical Society of London, the members were occupied with a discussion on the treatment of erysipelas.

Mr. Headland made some remarks on the great variety of treatment recommended by various teachers in this disease, a fact which he thought an opprobrium to the science of medicine. He had read some cases reported in the Lancet, in which Mr. Liston had employed the extract of belladonna, in small doses, with great effect. He (Mr. Headland) had since tried this remedy in three cases, and the effects were most satisfactory—more satisfactory, indeed, than those from any other remedies which he had ever employed. From the good effect of belladonna in scarlatina, as well as in the disease in question, he believed that it possessed a specific action upon the skin.—*London Lancet.*

The Fœtus free from the Operation of the Imagination.—A correspondent at Guildford writes as follows:—

About eight years ago I assisted at the removal of a supernumerary thumb from the left hand of an infant, who had been born with this additional member under the following circumstances. On the occurrence of the birth of a former child, inquiries were made of the husband by the lady's father regarding the health of his daughter, and received the satisfactory information that she was doing well, but that the child, "like all her children at birth, was little bigger than a thumb." The lady's father (an octogenarian) dining with friends that day, and in his dotage misapprehending the observation, stated to his guests, as a very singular circumstance, "that all his daughter's children had been born with two thumbs on the left hand;" the observation excited much merriment, and the father's story was next day jocularly detailed to the daughter. She again became pregnant, and her mind reverted to the tale of a child with two thumbs on the *left* hand; and, during the whole period of gestation, her mind was under the conviction that her child would be born with this deformity. Her first inquiry after its birth was, "Nurse, has not the child two thumbs on the left hand?" It had. Within a month from the time at which the above case occurred, the wife of a tradesman in my vicinity gave birth to an infant with an exactly similar deformity, two thumbs on the *left* hand; but, unlike the mother in the former case, she had never for a moment entertained a thought of any malformation being likely to befal her child. To my mind these two cases strikingly illustrate the fallacy of the opinion that the mother's mind exerts any influence over the configuration of the fœtus in utero.—*Ibid.*

New Hampshire Insane Asylum.—It has been agreed upon by those immediately interested, that the location of the institution shall be selected by Drs. Woodward, Bell and Rockwell. The town of Portsmouth voted, in town meeting, on Monday, June 10th, to appropriate the surplus revenue belonging to the inhabitants, $23,000, towards the establishment, provided it shall be erected in that town; in that case, funds to the amount of $55,000 would be at the disposal of the trustees, towards commencing that much needed charity for the insane poor of the State.

Mixtures.—No. 6. R. Liquor ammon. acetat., ℥iv.; vini antim. potassio-tartratis, ℥ss.; vini ipecacuan., ʒij.; syrup. papav., ℥ss.; aquæ destillat., ℥xiv. M. Sumat ʒi.—ʒvi. subinde. In catarrh.

No. 7. R. Vini ipecac., ʒiss.; spir. æther. nitrici, ʒiiss.; liquor ammon. acetat., ℥ij.; vini antim. potassio-tartrat., ʒiss.; mist. camphor. ℥ivss.; syrup. papav., ʒij. M. Cochleare unum vel duo tertiis horis. In catarrh.

No. 8. R. Vini ipecacuan., ʒiij.; syrup. tolutani, ʒv.; mist. acaciæ, ℥i. M. Sumat drachmam omni hora.

No. 9. R. Rad. altheæ, herb. melissæ, herb. menthæ sativ., florum sambuci, florum arnicæ, āā ℥i.; seminum anisi, ℥ss. M. Fiat infusio pro potu ordinario.—*Copland.*

No. 10. R. infus. aurant., ℥viij.; antim. potassio-tartrat., gr. iv.; syrup. papav., ʒiv. M. Sumat cochleare unum amplum tertiis horis.

Connecticut Medical Society.—At the late meeting of the Fellows of the Connecticut Medical Society, who are chosen by the members at their county meetings, the following resolution was passed:

"*Resolved*, That a committee be appointed to take into consideration the present state of the affairs of the Connecticut Medical Society, and the propriety of so altering the Act of Incorporation of said Society, as hereafter to dispense with the appointment and pay of Fellows, and to substitute in place of the annual meeting of Fellows, an annual meeting of all the members of the Society; and that the committee suggest such other alterations of the Act of Incorporation and of the By-laws of the Society as they may deem necessary, and that they report to the next convention."

Drs. A. Brigham, A. Sumner, and A. Welch, were appointed.

The committee to whom was referred the subject of an asylum for the insane poor, made the following report, which was accepted:

"That, in their opinion, the cause of humanity and the public good would be promoted by such an establishment. Such an institution has been advised by the Directors of the Retreat, by the former conventions of this Society, and by the committee of the Legislature to whom this subject was referred. We are of opinion that a committee of this Society should be appointed to confer with the Legislature, and express, as the opinion of the Connecticut Medical Society, their high estimation of the advantages which would accrue from the contemplated establishment."

The officers of the Society for the ensuing year, are Silas Fuller, M.D., *President;* Elijah Middlebrook, M.D., *Vice President;* Luther Ticknor, M.D., *Treasurer;* Archibald Welch, M.D., *Secretary.* The committee to whom was referred the subject of vaccination, recommend re-vaccination once in ten or twelve years.

Pathology of Porrigo.—The observations of Bassi and Audouin on the nature of muscardine—a disease to which silkworms are subject—had proved that it was owing to the growth of minute fungi on the animal. Professor Schoenlein, of Zurich, has been led to examine, under the microscope, some cutaneous eruptions. On the first examination of a pustule of porrigo lupinosa, he satisfied himself of the vegetable and fungous nature of the pustule. Professor Schoenlein is busily employed in prosecuting this subject, and means soon to publish the results of his investigations.—*Müller's Archiv., from the London Medical Gazette.*

Medical Miscellany.—A little girl, seven years old, was lately killed in Butler Co., Pennsylvania, by the bite of a rattlesnake.—It is computed that there are 2200 insane persons in Pennsylvania, having no provision made for their comfort or restoration.—Dr. McKimney, of Nashville, Tenn., who was about establishing a hospital at that place, has absconded, being, it is supposed, a defaulter to a large amount.—The measles are very prevalent in South Africa; it was thought that one fifth of the population were affected by the epidemic.—Tincture of common black pepper, combined with an equal quantity of spirits of turpentine, is recommended for tooth ache.—A physician of Boston is said to have given two hundred dollars to the treasurer of the Medical Society, to meet the current expenses of last year.—The present Board of Health in Charleston, S. C., are uncommonly vigilant, which encourages the inhabitants to hope for continued good health in the city.—At Madison, Indiana, by an accidental explosion of powder, an iron drill, several feet long, was shot almost its whole length through a laborer's head—entering the lower part of the jaw and passing out at the temple. The man is likely to recover.—Dr. Dyott, the great banking quack, of Philadelphia, has been sentenced to seven years in the Penitentiary, for his numerous villanies.—A man died of hydrophobia at Greenport, last week, who had been bitten in December by a rabid dog.—At Evansville, Io., a man, recently from England, was bitten by a rattlesnake, and died in thirty hours.

MARRIED,—In Boston, Henry G. Clark, M.D., to Miss M. G. N. Prescott.

DIED,—At Newmansville, Fa., Feb. 4, Dr. Cornelius T. Brackett, of Falmouth, Maine.

Whole number of deaths in Boston for the week ending June 15, 22. Males, 8—females, 14.
Of consumption, 4—bilious colic, 1—disease of the heart, 1—inflammation of the bowels, 1—scarlet fever, 4—dropsy on the brain, 1—rheumatic fever, 1—bowel complaint, 2—apoplexy, 1—convulsions, 1—ascites, 1—disease of the brain, 1—inflammatory fever, 1—stillborn, 1.

TO PHYSICIANS.

A PHYSICIAN who wishes to relinquish the practice, can hear of one of experience who would be glad to occupy his stand, and who can give the most unexceptionable references as to character, &c., by addressing a line to the editor, post paid. June 19—3t

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VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, *May* 15, 1839. 2am6m

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries. John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W, Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

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SKETCHES OF DISTINGUISHED QUACKS.

[Communicated for the Boston Medical and Surgical Journal.]

In this enlightened age, when the school-master is abroad and the march of mind is so rapid that we can scarcely trace its footsteps, quackery seems to rise triumphant in all her glory. Much has recently been written upon this subject, both in separate treatises and in the foreign medical journals. As no writer, however, seems to have touched upon the history of those characters of ancient and modern times, who have most distinguished themselves for their ingenuity in the various departments of this science, some notices of the most remarkable among them may not be unamusing. It is a subject for regret that talents should be wasted by being forgotten ; and some valuable hints may perhaps be derived from the memoirs of these honorable gentry, for the benefit of the younger members of the medical profession.

The origin of medical quackery is probably as ancient as the origin of medicine. Among the earliest who practised this profession, if I may so style what a modern writer would call one of the departments in the Empire of Rascaldom, was Thessalus, self-styled the "conqueror of physicians." He was a man of low origin, and commenced his career in the manner of his brethren of those days and his successors in these, by claiming the discovery of a new theory of medicine, which was to lead to a more correct practice, and supersede all further discoveries. He was by no means remiss in his endeavors, also, to heap contempt upon his rivals and his predecessors. His dexterity enabled him to acquire immense wealth.

But a much more distinguished character was Alexander, commemorated by Lucian, who flourished nearly at the same period with Thessalus. From his history we learn that the art of reading sealed letters is by no means of recent discovery, but existed as far back as the time of Lucian, many ages before the science of animal magnetism was heard of.

Whilst he was travelling with a friend, Alexander came to a town where they saw a brood of large serpents, which were so tame that they were kept and fed by the females of the place. They purchased one of the most beautiful, and kept him carefully for their future operations. Soon after they had the good fortune to dig up, in an ancient temple of Apollo, some brass tablets upon which was an inscription that in a very short time Apollo, with his son Æsculapius, would come and take up their residence in Alexander's birth place. These tablets were shown, and the report of the speedy advent of the two divinities, rapidly spread throughout the country. An oracle was next established and uttered various mysterious predictions, some of which hinted at the name of Alexander.

In the mean time his companion died and left him to bring to maturity and reap the full advantages of the scheme they had so ingeniously commenced. He now counterfeited madness, which in those days was considered to be inspiration. He thus attracted a great degree of attention. All being now prepared for his debut, he took a small serpent and introduced it into an egg, through a small opening which was afterwards carefully stopped and concealed with a mixture of white lead and wax. Taking the egg thus prepared, he went at midnight to the foundations of a temple which had just been laid under his auspices, and were now overflowed with water. Here he hid the egg in the mud.

The next day, Alexander, having only a girdle of gold about his waist, rushed into the market place, harangued the people, sung hymns in honor of Apollo and Æsculapius, and rushed furiously towards the temple, followed by all the spectators and auditors. He plunged instantly into the mud, called for a cup, clapped it under the water, and exclaimed that he had caught the god Æsculapius. Raising the cup, he exhibited the egg, which on being broken was found to contain the serpent. Not a doubt was felt by the people, who were unbounded in their acclamations and expressions of joy that the medical divinity had come among them.

On the following morning be received the visits of the people, seated in an apartment properly arranged for effect, and gorgeously arrayed. A serpent of great size and beauty was seen partly concealed beneath his robes, and partly twisting himself in playful coils about his neck and upper part of his body. If anything had been wanting to complete the astonishment of the beholders, the growth of Æsculapius within a single day was sufficient. The full extent of Alexander's pretensions was admitted, and he became universally resorted to on all occasions where the opinion of an oracle was required. The questions proposed to him were written and carefully sealed up. He took them into a different apartment, and speedily returned them with the answers written, but the seals apparently untouched. If any one had before doubted, he was now convinced; since how could any mere mortal read through the thick folds of a carefully-sealed letter?

Lucian, who is well known to have been a confirmed sceptic, and a despiser of the gods, pretends that when Alexander took the letters into another room, he had ready a heated needle which he introduced between the seal and the paper, and thus opened the letter without destroying the impression. He kept at hand, also, a composition which he employed to take off the impression, so that the letter could be resealed without the seal appearing to have been touched. The English translator of Lucian refers those who wish to be further acquainted with the methods of opening sealed letters, to the clerks of the post office. We might refer them to the subjects of animal magnetism.

Alexander now practised with perfect success, giving oracles and curing all manner of diseases.

An empiric better known to the medical world, was Bombastus Paracelsus, who combined real knowledge and talent with the basest quackery. He was supposed to keep a familiar spirit enclosed in the handle of his sword. Butler tells us that,

> "Bombastus kept a devil's bird
> Shut in the pommel of his sword,
> Who taught him all the cunning pranks
> Of past and future mountebanks."

He finally sunk into dissipation and drunkenness, and died in a hospital, at the age of forty-eight, with a bottle of the elixir vitæ which he had discovered at his bedside.

Of those among the alchemists who practised the baser arts of quackery, we have a most vivid portrait in Alasco, painted by the author of Waverley. The same pen has given us equally powerful delineations of the other varieties of empirics—astrologers such as Galleotti, the friend and counsellor of Louis XI.; adepts such as the German Dousterswivel; or gipsies and wise women such as Meg Merrilies and Norna of the Fitful Head. In all these specimens, knavery and self-deception appear combined in varying proportion, according to the greater or less honesty of the individual.

One of the latest who practised the art of astrology and combined it with medicine, was Wm. Lilly, the Sidrophel of Hudibras. He was artful enough to keep in favor both with the Court of Charles I. and the Parliament, and was consulted equally by cavaliers and roundheads. He was succeeded by Dr. Case, who seems to have acquired reputation and wealth by his skill in poetry, of which the following is a specimen.

> "Here 's fourteen pills for thirteen pence,
> Enough in any man's own conscience."

Another branch of quackery was that of those who professed to cure scrofula by the touch. Of those who disputed the prerogative of royalty in this particular, the principal individual known to us was Valentine Greatrakes, an Irishman. He was a person of some fashion, and in 1662 he was struck with a strong persuasion that he had the power of curing the king's evil by stroking with his hand. In the course of time his powers increased to such a degree that he attempted the same process in all diseases, and with success. Many persons of distinction and some physicians gave him their certificates. He mentions several cripples sent to him from the hospital, who walked home without their crutches, to the admiration of all the people as well as the doctors.

A recent instance of successful quackery is exhibited in the history of St. John Long, which is too well known to need detail. He sold the secret of his famous liniment on his death bed for £10,000; and this liniment proves to be composed of acetic acid, yolk of eggs, oil of turpentine and pure water. Now its ingredients are known, it will probably soon share the fate of other nostrums and sink into oblivion.

An ingenious device practised recently in France has been related in some of the late medical journals. The result proves that the French courts are not so lenient in cases of quackery as the English and American have been proved to be, by the cases of St. John Long, Thomson, and others.

In February, 1837, three doctors, MM. Sabattier, Guerin and Neirac, set out from Paris on a tour for the purpose of giving gratuitous advice and selling their own medicines. They posted bills in the different towns they passed through, and among others at Orleans, bearing in large letters the words HIPPOCRATIC SOCIETY, and distributed pamphlets entitled "IMPROVEMENT OF PRACTICAL MEDICINE—MEDICAL DISCOVERY—SABATTIER'S MEXICAN SUGAR." The court at Orleans adjudged that, as these persons had called themselves physicians of a non-existent society—had put forth the mixture of jalap and sugar (the Mexican sugar) as a discovery, and excited hopes of cure by fraudulent methods, Sabattier should suffer two years' imprisonment and pay a fine of two thousand francs; Guerin, fifteen months' imprisonment and pay a fine of one thousand francs; and Neirac, a year's imprisonment with a fine of 600 francs.

Some of the Colleges of Health and other establishments among us of various attractive names and designations, would probably fare pretty severely if brought under notice of a French court of justice. It is, however, very doubtful whether any advantage is to be derived from penal prohibitions. There are persons so constituted that they almost necessarily resort to the unknown and the mysterious in preference to that the value of which is known. In the last century, Bolingbroke and Walpole, the two most powerful geniuses of their time—opposite as they were in their characters—both fell victims to medical quackery. In our city it finds its patrons among the most intelligent and best informed. They generally understand perfectly well the risk which they run—they are aware that for the chance of immediate benefit they endanger their constitutions and even lives.

The prevalence of quackery, the frequent resort to patent medicines, is certainly no detriment to the medical profession so far as profit is concerned. Like the use of ardent spirits, they impair the constitution to such a degree that almost constant medical attendance finally becomes necessary. The evil to physicians is, that the victims of quackery, like the victims of intemperance, are unsatisfactory subjects of treatment, from their systems being too much injured to be readily benefited by the most judiciously applied remedies.

The grand secret of quackery, we are told by a late writer, consists "in the marrying of Truth and Sham, so that these two become one flesh, man and wife, and generate these three, Profit, Pudding, and Respectability that always keeps her gig." E. W.

INTERMITTENT CHARACTER OF LOCAL DISEASES IN THE MARSHY DISTRICTS OF THE WEST.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have observed, during a short practice in the Wabash Valley, that several diseases, which I have never before known to observe any regular intermission, partake of the regular periodicity of intermittent fever. I am not disposed to speculate upon, or attempt any explanation of such phenomena, further than facts will seem to sustain me. I will first record the cases which have come under my observation.

Case I. *Intermittent Dysentery.*—Mrs. D., aged 20, was afflicted with intermittent fever of the tertian type for about six weeks during the latter part of the summer and commencement of the fall of 1838. By the use of the usual medicines she recovered, but was attacked in the course of a month subsequent with a violent dysentery. I was called upon in an hour after she was taken, and administered the blue pill and Dov. pulv., applying fomentations to the abdomen, and prohibiting anything to be taken in the way of nutriment but barley and chicken water. In less than three hours she was relieved, and the next day she was up and looked as hearty and spirited as could be expected. On the next day, however, greatly to my astonishment, she was again attacked with the dysentery, preceded by some chilliness, and attended with some fever. Her extremities, however, were cold. I ordered her calomel and ipecac. in small doses, to be continued every two hours until I should call, bathed her extremities in hot water, and directed the fomentations as before. In about six hours I left my office, with my cupping instruments in my hands, to visit my patient. Judge of my wonder when I met her at the door. She declared she felt as well as ever; "but doctor," inquired she, "don't you think my complaint will return day after to-morrow?" I was so struck with the force of her question, that I could scarcely give her an answer. I directed her to live abstemiously, and to take small portions of ext. tarax.

I returned to my office and reflected upon my patient's inquiry, and felt no little anxiety about the case. "Day after to-morrow" came, and with it a return of the dysentery. I was now satisfied of the intermittent character of the disease, and determined, as soon as the intermission came on, to commence the use of quinine, if circumstances would at all permit it. The paroxysm lasted for about three hours, immediately after which I observed, for the first time, a copious perspiration.

On the next morning, my patient feeling as well as she had during her previous intermissions, and her system being fully prepared for tonic medicine, I commenced the use of quinine in half grain doses every two hours. This was continued till night, and resumed the next morning. At the time for the paroxysm she had a very slight diarrhœa. The quinine was discontinued until the next day, when six grains were taken in divided portions. From that time she was entirely relieved, and I believe has enjoyed good health ever since.

Case II. *Intermittent Pleurisy.*—L. T., a man of 30, temperate habits, had lived for about eighteen months in a miasmatic region of country, but never had been attacked with intermittent fever. In the fall of 1838, during a sudden cold spell of weather, he was taken with *pleuritis* of left side, for which I bled him and administered some of the usual medicines. By the next day he was up and about, but did not exert or expose himself sufficiently to induce a second attack. On the day subsequent, however, at about the same hour as before, he was again taken, and had severe pleuritic pains. I treated him as before, but soon decided upon a different course when the paroxysm was entirely over. The next day I began the use of the quinine, feeling convinced of the periodical nature of his complaint. It met my expectations. My patient recovered.

CASE III.—*Intermittent Mania a Potu.*—S. Bullock, a blacksmith, aged 28, intemperate habits of long standing, stout and athletic, sanguineo-bilious temperament, was taken August 20th, 1838, with intermittent fever. By the first of September he was well, and commenced drinking ardent spirits. This he continued for several days, until, during his first sober moments, he was attacked with mania a potu. I adopted the sedative treatment. In about five hours after I commenced the use of opium, he appeared to be somewhat quieted, and seemed disposed to sleep. His delirium continued, however, for seven or eight hours longer, when it entirely ceased, and he sweat copiously. I thought it a case of very short standing, and myself very fortunate. But I was deceived; the patient continued rational a day, and was again seized with delirium. Again I used opium, and succeeded in putting him soundly to sleep. He awoke and felt perfectly well. The calm was again delusive. In 24 hours he was on his bed shoeing horses and making nails. I began to reflect upon the influence which his fever might have had upon his nervous system in rendering his present disease intermittent, and concluded to make trial of the quinine as soon as the next intermission occurred. I now gave him opium, and he slept soundly until the noise of some dogs awoke him. He was rational. I became more fully convinced that the patient needed quinine. The opium produced sleep, but did not relieve the disease. It appeared to require something of an anti-periodic nature to arrest it. I accordingly commenced the article in two grain doses, every two hours, and continued it day and night, until the period for the paroxysm. The patient escaped the delirium altogether, having used twenty-four grains of quinine. I neglected to say that I attended well to the condition of his bowels.

These, with two cases of dysentery similar to Case I., are all the cases of the kind I have witnessed. How shall we account for their intermittent character? Shall we attribute it to the direct agency of marsh miasm, or to the state of the system after having been subjected to intermittent fever? Account for it as we will, an intermitting state of the system seems to be necessary. We know that fevers are likely to be followed by local disease. In two of the cases just recorded, we have examples of the sequelæ of fever partaking of the character of the fever itself. The other presents the case of a disease putting on the character of another disease, caused by the general diffusion of a noxious agent—an endemic and epidemic disorder. This, I believe, is no more than what was noticed long ago by Sydenham.

Marshall, Illinois, May, 1839. W. J. BARBEE.

NEW HAMPSHIRE MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The following are some of the proceedings of the New Hampshire Medical Society, at its last annual meeting.

Boscawen, June 13, 1839. James B. Abbott, *Secretary.*

The forty-eighth anniversary of this Society was holden at the Phœnix Hotel, in Concord, on Tuesday and Wednesday, the 4th and 5th instant.

Although the weather was somewhat unfavorable, a greater number of members attended than have been present for many years. A laudable and increased interest evidently exists for the welfare of the Society, and the promotion of true medical science. The younger members of the profession are coming forward with a zeal and activity truly commendable, and bid fair to fill those important and dignified stations which have been vacated by the death or removal of their worthy predecessors.

The following officers were elected for the ensuing year:—

Enos Hoyt, Northfield, *President.*
Luke Howe, Jaffrey, *Vice President.*
James B. Abbott, Boscawen, *Secretary.*
Dixi Crosby, Hanover, *Treasurer.*

Counsellors.—John Carr, Sandbornton; John S. Elliot, Pittsfield; Stephen Drew, Milton; James S. Fernald, Barrington; Francis P. Fitch, New Boston; Richard Williams, Milford; Joseph Dalton, Brentwood; Edward B. Moore, Epping; John B. Dousman, Keene; James Bachelder, Marlborough.

Censors.—Moses Hill, Northwood; Richard P. J. Tenney, Loudon; John P. Elkins, New Durham; Joseph H. Smith, Dover; Josiah Bartlett, Stratham; Thomas Bassett, Kingston; Matthias Spalding, Amherst; Micah Eldridge, Nashua; Amos Twitchell, Keene; Luke Howe, Jaffrey.

Delegates to Medical Institution at Hanover.—Richard P. J. Tenney, Loudon; James Bachelder, Marlborough.

Orators for 1840.—Luke Howe, Jaffrey; Tho. Bassett, Kingston.

The following gentlemen were elected members of the Society. Levi G. Hill, Salisbury; Nahum Wight, Gilmanton; Jacob C. Hanson, Andover; Charles A. Savary, Hopkinton; John A. Dana, Newhampton; Edward B. Moore, Epping; and L. M. Knight, Thornton.

The usual routine of business was amicably disposed of; and among the various resolutions passed by the Society was the following relative to scarlet fever, which has so extensively, and in many instances *fatally* prevailed within a few years—" *Voted*, That a committee of correspondence, consisting of one from each district, be appointed to collect information respecting the treatment of scarlatina, and communicate it to the Secretary of this Society—to be reported by him at the next annual meeting."

The following resolution was also adopted—"Whereas the Medica Institution of Dartmouth College, having undergone an entire re-organization since the resignation of Professors Mussey and Oliver, *Resolved*, That we have full confidence in the ability of the new faculty, and will continue our efforts to promote the usefulness of the institution."

After spending a two days' session pleasantly, and it is hoped profitably, the Society adjourned sine die; and the members departed to their respective fields of labor, having bid adieu to the hospitable mansion where they have for many successive years experienced the kindness and liberality of Mr. Huchins, the benevolent and distinguished owner.

PROPHYLACTIC AND CURATIVE POWERS OF TOBACCO.

[We have already alluded to the remarks of the editor of the Southern Medical and Surgical Journal on the subject which has called forth such various opinions from our correspondents. We copy them below. They occur, in that Journal, after the insertion of our first article on the subject of impaired voice.]

It may appear behind the present age of reformation to advocate, at this time, the use of an article so contrary to good manners—one supposed to be so foreign from the catalogue of our necessaries of life—and one on which the prevailing spirit of reformation has seized with the hand of extermination. But we use opium in the service of humanity—an article which, for the correction of its abuses, calls into requisition a nation's power. And we would use alcohol itself, in any of its formulæ, from the distilled to the merely fermented—than which there is no article on which we look with more perfect hatred—nay, despise with a vengeance which would make us, if possible, thrust into Lethe's dark, sinking, hellish current, the last formulæ for its preparation, and know that the world would be greatly improved by suffering its privation for the prevention of its injuries—this article, we say, we would use for the saving of life, when other things would not do it. In like manner, we feel it a duty to advocate the use of tobacco, both as prophylactic and curative, in certain cases. We are pleased to see the intimations given by the editor of the Boston Journal, not only on account of the fact that they may lead to true etiology, without the knowledge of which, neither prophylasis nor cure may be expected with any degree of uniformity.

We acknowledge that the suggestions relative to the prophylactic virtues of tobacco, in regard to the cases alluded to, are new to us; for we have been in the habit of looking at the chilling walls at the back of pulpits, against which clergymen often rest the upper part of the back, immediately after the exercise of preaching, as a cause of this disease. But as the "*minister's ail*," as it is called, is but of very limited extent in the South, we have had but little observation in such cases. We have, however, had some observation on the effects of the abandonment of the habitual use of tobacco, in causing a cessation of an habitual secretion from the mouth, and thereby greatly impairing the perfection of guttural articulation, and in the production of coughs incurable by ordinary means; as well as the curative powers it exercises on resuming its use.

We had once the care of a case, in which the free chewing of tobacco was, with a view to the reformation of a bad habit, abandoned. In a short time the voice of the patient was sensibly impaired, both of its ease in exercise, and its fine perfection of sound. As the case progressed, a cough, increasingly troublesome and obstinate, made its appearance, which soon became most violent and convulsive. Many ordinary remedies were used, for the first six months, without the least beneficial result. At the end of this period our attention was directed to the case, and no ground was left unoccupied which had hitherto been found beneficial in the treatment of coughs in such a state of the general system. A consultation was held, but all to no purpose, and the patient succumbed before the expiration of twelve months.

Not long after this observation, we became perfectly familiar with another case of impaired voice, and subsequent cough, which progressed by the same gradations as that just described, from the first of January, the time at which the chewing of tobacco was suddenly abandoned, until the first of July. Observations on this case proved it to be very peculiarly like the fatal case just given. We had observed closely the progress of this difficulty from the time the tobacco was discontinued. At the end of six months the cough was quite as far advanced as in the former case; not allowing the patient twenty minutes' sleep at any one time, and attended by a remarkable impairment of the vocal powers, and those of deglutition. This patient resumed the free use of tobacco, by chewing; but in order to avoid as far as possible the injurious stimulating and narcotic effects, the very weakest was selected, instead of that strong tobacco which is sold at the highest prices. By the Christmas following, the soreness of the thorax and the cough were measurably but not entirely subdued; the voice and deglutition both improved, but were not perfectly corrected. It is now some eight or nine years since this case occurred, and there is still a tendency to frequent but not severe cough, and there is still an evident deficiency of the power of propelling downwards from the upper part of the pharynx, so that all things pass on without further effort for deglutition.

We could give numerous cases in which, with the strongest marked predisposition to phthisis pulmonalis, persons have, under the free use of tobacco, contrary to all reasonable expectation, grown old, in perfect exemption from its ravages.

We will only further remark at present, that the impairment of voice amongst clergymen is of very rare occurrence in this section, whilst the practice of using tobacco, either in chewing or smoking, and most commonly the former, is almost universal. We have at present in mind, one clergyman, remarkable for the length of time, and the quantity of his labor in the ministry for the time, in addition to the labors of school teaching, through a long life, who is never awake, we believe, without having a remarkable quantity of tobacco in his mouth, except when eating; nor is he less remarkable for the quantity of saliva which he accumulates immediately around him. This man has outlived the youth of his youngest children; he came, early in life, to the ministry, and the wife of his youth died at the age of sixty, some ten or twelve years since. No man of his age retains the voice of his early life in greater perfection. He is yet as pleasant in the pulpit as ever, and modulates his voice with great pleasure to the softest melodies of his old recollection, in which he greatly delights.

We hope observations will be made by practitioners on this subject, and promptly reported to the profession.

[A succeeding number of the same Journal contains the communications of Drs. Woodward and Mauran, from our pages, with the following introductory remarks by the editor.]

In the last number of this Journal we gave an extract from the Boston Medical and Surgical Journal, with some additional remarks and facts, on the same subject as the following communications. The subject is an important one, and highly worthy of the consideration of the profession. We are happy to find that it is now under discussion. As our object is useful truth in medicine, we give the following articles from the same source, in order that the reader may have materials, as far as furnished, for his own judgment on the subject. Meanwhile, we will state that, a few days past, we accidentally met with an intelligent medical gentleman of considerable experience in the profession, from the low country, who, on the suggestion of the subject, stated that a gentleman of the city in which he resided, had been a free indulger in the use of tobacco—that after becoming a pious man he abandoned it, perhaps from moral impressions relative to its use, and became what is termed "an exhorter," to some extent. In the course of four or five years he found himself seriously injured in his vocal organs. The use of tobacco was resumed—not, that we understand, as a remedy. Subsequently to the re-adoption of its use, however, the symptoms of the throat complaint disappeared, and he has remained to the present time, now several years, exempt from all the distresses, privations, and threatenings of this hitherto intractable disease.

The claims of humanity are high; and in no instance more so than when preferred by the suffering clergy; but in all cases they are sufficient to overrule, if necessary, the formalities of fashionable etiquette, or the unpleasantness of a remedy. These cannot, therefore, we conceive, be advanced in argument on the subject, which is indeed of vital importance, and one which should rest on statistical facts alone. We hope, therefore, that intelligent citizens generally, as well as physicians, will feel themselves duly impressed with the duty of reporting any fact which may be calculated to determine the true influence of tobacco in regard to the cases alluded to; and we hope further, that both physicians and patients will examine well the authentic facts which have been, and may be, offered, and yield to the cause of truth as developed by facts alone.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 26, 1839.

JAMES HERVEY PIERREPONT, M.D.

Were it not for a most appropriate and truly beautiful memoir of the late lamented Dr. Pierrepont, of Portsmouth, N. H., by the Rev. Dr. Burroughs, of that town, whose eulogy on his life and character exhibits the distinguished moral worth and high professional attainments of the subject of an excellent discourse, we could not have sympathized, as we now do, in the great loss sustained by those who were gathered together to mourn over the lifeless remains of one whom they had delighted to honor. At the special request of the medical faculty of the place, Dr. Burroughs was requested to deliver the eulogy to which these observations refer, on the 28th of January. It commences thus :—"*Collossians, Chap. iv., v. 14—The beloved physician ;*" and the author shows, most clearly, that the subject upon which he was called upon to speak, gave elevation to his own thoughts, and thus he was the better qualified to impress the listening multitude with a profound sentiment of respect for the memory of a good man, whose existence had been a blessing in his day and generation—one in whom there was no guile, and whose firm reliance on the divine promises enabled him to exclaim, in the last agony of expiring nature—" Oh ! what delightful tranquillity."

By carefully studying the pages of this performance, we perceive that Dr. Pierrepont was not properly appreciated in early life. It was a misfortune not to have reached the meridian of professional eminence, till age, in some measure, disqualified him for assuming that commanding position which youthful ambition prompts most men to obtain. He became distinguished too late. This was not his fault, but a misfortune ; the loss was to a community which might have had more of his service, had the constitution of his mind and its various powers been seasonably discovered.

Such integrity, parental kindness, universal philanthropy and practical usefulness, as Dr. Pierrepont is represented to have possessed, appear to have resulted from a deep conviction of the urgent necessity of conforming to the requisitions of that divine system of faith, which a benevolent moral Governor of the universe has revealed to man in the gospel. Feeling that this is but the beginning of an endless existence—a preparatory state in which the faculties of the soul are only indicating their latent powers, to be unfolded in the ceaseless duration of eternity, Dr. Pierrepont was too conscientious to waste the precious privileges and opportunities of the age to acquire knowledge : thus each succeeding year gave him higher and stronger claims upon the confidence and admiration of society.

Peculiar habits of study and untiring devotion to the learning of others, prevented him from embodying his own thoughts and experience ; posterity, therefore, will be but partially benefited by his profound acquirements. Physicians, engaged in the active and generally distracting pursuits of practice, have less opportunity than almost any other class of persons for constructing finished, permanent literary or scientific records in a country like this, where all is bustle, activity and restless enterprise. Much as it is to be lamented that the vast amount he had stored in a well disciplined mind, is lost now to the world, the moral excellence which such an unblemished reputation as that of the "beloved physician" is calculated to exert, must and will have the happiest influence on that wide circle of which he was the friend and counsellor.

Being prepossessed neither in favor of the eulogist nor the eulogised, both of whom were unknown to us before taking up the pamphlet which called forth the foregoing expressions, we cannot conclude without cordially recommending this singularly captivating eulogistic biography to all young physicians. It points the way to usefulness, teaches the responsibilities and relations of the profession, individually as well as collectively, and lastly, but most triumphantly, shows the glorious prospects connected with a well-spent life.

Simplicity of Living.—A second edition of a small, but beautifully printed volume, bearing, beside the above cognomen, the additional title of *Observations on the Preservation of Health*, has been received from London. by Mr. Ticknor, Washington street, and deserves more attention than it will probably receive at the hands of the reading public. Its claims are based upon its simplicity—being purposely designed for the instruction of those who can appreciate the kind of information it imparts, without being perplexed with technicalities which belong to the language of science. It abounds with curious facts, which forcibly illustrate the importance of knowing how to live in infancy, childhood, youth, maturity, and old age, which the profession, and certainly the philanthropist, might study to good advantage. Without being absolutely radical in dietetics, the author inculcates the necessity of simplicity in diet, temperance, and obedience to those natural laws on which good health positively depends. There is one fault in this, discoverable in the other popular essays of Mr. Curtis, which operates unfavorably on the mind of the reader, but which might easily be corrected, viz., the air of egotism that shows itself, here and there, in spite of the drapery introduced to conceal it. The statistical facts variously introduced, add greatly to the interest of the book; and the lecturer on hygiene would find it a most convenient manual of reference. Were it re-published here, pruned of those excesses which mar its beauties for an American student, it could not fail, we apprehend, of having a multitude of admirers.

State Prison Practice.—Within a few days there has been sent to the address of this Journal, two numbers of a paper published at Auburn, N. Y., called the *Corrector*, which seems to be exclusively devoted to the interest of certain persons, whose names have been made familiar to the public in connection with the development of alleged cruelties on the part of the officers, towards the convicts in the State Prison, located in that town.

In one of these papers, Dr. Lansingh Briggs, the physician of the institution, figures conspicuously in what he probably considers a vindicatory appeal to the good sense of the world, and endeavors most earnestly to show that in all that he had to do with the unfortunate inmates, his course was judicious and not reprehensible. Eight entire columns are presented in the form of a critical analysis of the causes of the death of a certain Von Eck, who died suddenly in prison, but whose death was attended with circumstances that resulted in a careful examination by a jury of inquest. This Von Eck was a foreigner, who for awhile practised physic in an obscure section of Maryland.

After reading and re-reading Dr. Briggs's disclaimer, with a hope of finding an apology for him, and that he was an abused, injured and persecuted man, we must acknowledge that we cannot justify him in turning over a prisoner to be flogged, because he did not discover any symptoms of illness. "First," says Dr. Briggs, "he affected sudden faintings, but was detected in his second effort by my being accidentally at the hospital during the attempt. His next *ruse* was a pretended paralysis. From an examination of his cell I was satisfied he feigned it, and made use of every suasive effort in my power to induce him to go peaceably to his shop, but without success, and proposed to Capt. Lynds a flogging, as a last resort, to make him obedient." This proposal was unworthy a medical officer, savoring, as it does, of those dark periods in the history of barbarism, when power was exhibited with impunity by the unrestrained cruelties of the lash.

According to the testimony of one Richardson, the castigation was given only two weeks before the death of the wretched convict. Were it not extremely painful to pursue the narrative, many particulars of the unhappy patient's condition, appearance and complaints, might be copied; but as it is the intention, doubtless, to circulate the *Corrector* so universally that all those accused of having participated in the late inhumanities of that particular prison, may be exonerated from blame, Dr. Brigg's history of Von Eck's indisposition and death should be closely examined. He says, "Von Eck died of congestion of the brain. I reported to the agent and inspectors, on the day of his death, and subsequently to the coroner's jury, that the disease was congestive typhus." The body was examined 36 hours after death. "On opening the chest, the lungs were found adhering to the sides, filled with tubercles, and congested with blood, as usual. In abdomen, ulcers were found in the track of the large intestines, in different degrees of progression." It is no part of our purpose to attempt to show that it is not strictly true, that he died of congestive typhus; but we shall not hesitate to declare that it was abominable in Dr. Briggs to be instrumental, in any manner whatever, in the infliction of the punishment by cato'ninetails, on the poor, degraded, sickly outcast. We cannot divest ourselves of the opinion that Von Eck was not only greatly enfeebled, but actually partially insane, weeks before—produced, for aught we know, by his vices and the misery which thickened upon him from day to day, till death made his frail body insensible to the overseer's severities.

It will be conceded that in theory, at least, in the United States, the law contemplates the moral reformation of the criminals immured within the gloomy walls of penitentiaries, and therefore the principles of christianity and paternal benevolence are to be exercised by those to whose keeping the violators of the law are confided. But when the intention of the Legislature is perverted, and the worst passions of our nature are allowed to get the ascendancy, it behooves the people to look to the conduct of their servants with a vigilant eye.

Much as we abhor the awful abuse of power in some of our State prisons, so wickedly winked at by those who hold a controlling influence, it would be ungenerous not to acknowledge the difficulties with which the physician of such villains must necessarily contend. He must be untiring and watchful indeed, not to be occasionally deceived. If, however, deceptions are played off, he cannot be justified in being privy to corporeal chastisement. It is his province to prescribe medicine and diet, but not to prescribe a flogging, the conclusive evidence of insensibility of heart and a depraved moral sense.

Were it not that Dr. Briggs feels quite strongly that he has grossly committed himself, it seems impossible that such a labored vindication should have been published—apparently at the expense of a clique of self-considered martyrs. From the style and ready citation of authorities bearing even the slightest analogy to his flogged patient's case, Dr. Briggs shows himself to be conversant with the best writers of the day. He is unquestionably thoroughly acquainted with his profession; yet it will be a long while before he can efface the deep impression which the melancholy termination of that case of *congestive typhus* has made on the mind of one person, certainly, who has read attentively the columns of the Auburn CORRECTOR.

Animal Magnetism.—At the close of an elaborate and interesting "History of Animal Magnetism in France, Germany and England," in the last No. of the British and Foreign Medical Review, we find the following candid remarks.

"Over the other details of London magnetic experience we willingly draw a veil. Our object has not been to give expression to our feelings, but to present to the reader's consideration an historical record, which may be reflected upon with some benefit. Neither would we be so far influenced by the impostures occasionally practised under the name of magnetism, as wholly to deny that some of the phenomena, from time to time produced by all aspirers to the art, seem to result either from some principle heretofore unknown and not yet correctly designated, or from some modification of recognized principles in the animal economy which cannot yet be accurately limited or defined. The whole of man's existence is too mysterious, and he is surrounded by too many things utterly beyond his comprehension, to justify an obstinate disbelief of things hard to be understood. In the constant attempts of the human intellect to penetrate the thick curtain that hangs around it, doubtless some transitory glimpses of hidden truths are now and then accorded to quick intellects and peculiar organizations; and there is ever much more in heaven and earth "than is taught in our philosophy." The temporal guides of man, however, are his senses and his reason; and when he lays claim to a wisdom and to powers which are incapable of being made palpable to the one or explicable to the other, although we may not presume to say that he cannot possibly be right, he must expect that we make very diligent use of our own senses and our own reason in the investigation of his evidence; and industriously endeavor to untwist the double chain of truth and fancy, which he would fain twine round our puzzled understandings."

Hopkins Medical Association.—At a meeting of the Hopkins Medical Association, holden in Hartford, Conn., June 12th, the following officers were chosen: Archibald Welch, M.D., President; Amariah Brigham, M.D., Vice President; Denison H. Hubbard, M.D., Recording Secretary; G. B. Hawley, M.D., Corresponding Secretary; Daniel Holt, M.D., Treasurer. Dr. J. Barrett, of Middletown, read a dissertation on *Autumnal Catarrh*, and Dr. A. Welch, of Wethersfield, a dissertation on *Dysenteria.* Dr. G. W. Russell was chosen a Fellow, and Dr. M. L. North, of Saratoga, N. Y., Corresponding member of the Society. Dr. Silas Fuller and Dr. W. H. Morgan were appointed Dissertators for next meeting.

Medicinal Properties of the Gray Oxide of Zinc. By Professor Sementini.—From a series of experiments made on the white and gray oxides of zinc (the latter discovered by himself), Professor Sementini, of Naples, draws the following conclusions : 1. The oxide of zinc possesses tonic properties, which it derives from its soothing the irritability of the nervous system ; it is also anti-spasmodic and sedative. 2. This has long been known, but the use of the medicine has been abandoned, from the inconstancy of its effects. 3. That inconstancy arises from the facility with which it absorbs carbonic acid, and hence passes to the state of a subsalt. 4. The *gray* oxide does not absorb the acid, and is therefore always of uniform strength. 5. As the properties of a tonic and a sedative co-exist in it, it may be used with the greatest confidence in cases of *irritative debility.* The dose to begin with, is from a fourth to half a grain, which may be increased to four or six grains, by an addition of a quarter of a grain every second day.—*Giornale dell. Sc. Med. Chir.*

Veratine.—Veratine resembles strychnine and buncine in its effects upon living bodies, producing tetanus and death in a moderate dose ; notwithstanding which it has been prescribed by some, especially when mixed with hog's lard, in the form of frictions, on the forehead, for nervous maladies, but seldom, I believe, with any good effects.—*Ure's Dic. of Arts.*

Parisian Medical Society.—An English Medical Society, bearing the above name, has been recently instituted at Paris, and already includes on its list between ninety and one hundred members. At one of the late meetings Sir R. Chermside was elected President, and J. Godfrey, Esq., Vice President, for the present year. The Society holds weekly meetings, at which papers upon medical subjects are read, and discussions take place in the *English language.* These meetings are peculiarly interesting, as medical men from London, Edinburgh, Dublin, and different parts of America, join in the proceedings, as well as some of the " externes " and " internes " of the Parisian hospitals. The Society has established a reading room for the English and French periodicals, and the nucleus of a permanent library is already in existence.—*London Lancet.*

Medical Miscellany.—Dr. J. B. S. Jackson was elected by the Mayor and Aldermen of Boston, by five out of eight votes, physician of the South Boston City Institutions. In the Common Council, when sent down for concurrence, Dr. Asa B. Snow, of this city, had 28 out of 47 votes ; Dr. J. B. S. Jackson, 12 ; Dr. John S. Butler, of Worcester, Mass., 5; Dr. Wm. Ingalls, Jr., and Dr. Stebbins, 1—so that Dr. Snow was elected on the part of that board. In the next number of the Journal the successful candidate's name will probably be given. The applicants for the office have been quite numerous, from the country as well as city.—A new edition of Dr. Sewall's Examination of the Science of Phrenology has appeared, greatly improved.—A gentleman of Pottsville, Penn., has recovered of a man who frightened his daughter, $200, the expense of her illness, produced by the shock given the nervous system.

To Correspondents.—The papers of Drs. Metcalf, Plympton, Allen and Magoun, have been received.

Married,—In Boston, Dr. James H. Eldredge, of E. Greenwich, R. I., to Miss Anna F. A. Henshaw.

Whole number of deaths in Boston for the week ending June 22, 26. Males, 14—females, 12.
Enlargement of the heart, 1—scarlet fever, 3—teething, 2—inflammation of the lungs, 1—suicide, 1—drowned, 2—unknown, 1—intemperance, 2—scrofula, 2—infantile, 2—lung fever, 1—pleurisy, 1—cholera morbus, 1—cancer, 1—disease of the heart, 1—child-bed, 1—typhous fever, 1—hooping cough, 1—lock-jaw, 1—stillborn, 4.

MEDICAL LECTURES: DARTMOUTH COLLEGE.

The annual course of Lectures in the New Hampshire Medical Institution will commence at Hanover on Thursday, the 7th of August, 1839, and be continued 14 weeks, by the following members of the faculty.

John Delamater, M.D., Professor of Materia Medica, Obstetrics, and Diseases of Women and Children.
Stephen W. Williams, M.D., Lecturer on Medical Botany and Medical Jurisprudence.
Dixi Crosby, M.D., Professor of Surgery and Surgical Anatomy.
Elisha Bartlett, M.D., Professor of Theory and Practice of Physic and Pathological Anatomy.
Oliver P. Hubbard, M.D., Professor of Chemistry and Pharmacy.
Oliver Wendell Holmes, M.D., Professor of Anatomy and Physiology.
F. A. Eddy, A.M., Demonstrator of Anatomy.

Fees for the course, $50,00. Matriculation, $3,00. Graduating expenses, $18,00.

OLIVER P. HUBBARD, *Secretary.*

Hanover, N. H., June, 1839. June 26—3t

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry, Davies, Conquest, Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess d'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D. Professor of Midwifery in University of City of New York; Professor Delafield, Professo Francis U. Johnson, Pres. County Medical Society; Laurens Hull, Pres. Med. Society State of New York; Prof. James McNaughton, Albany; Professors March, Cyrus Perkins and Doane; James Webster, Prof. Anatomy and Surgery, Geneva; David L. Rogers, Prof. Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States. AMOS G. HULL, Office 4 Vesey St. Astor House, N. York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham Street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $10. Feb. 23—6m

TO PHYSICIANS.

A physician who wishes to relinquish the practice, can hear of one of experience who would be glad to occupy his stand, and who can give the most unexceptionable references as to character, &c., by addressing a line to the editor, post paid. June 19—3t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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BILIOUS COMPLAINTS.*

This is one of the most sensible productions we have met with for a long time, and is, in our opinion, calculated to do much good, not only to the innumerable lay dabblers in physic, who come within the class of "bilious," but to the grave professors of legitimate medicine themselves. It is written in an accurate and pure style, and the whole of the argument is so clearly placed before the reader, and is so logically and forcibly reasoned throughout, that it cannot fail to produce a decided effect on the mind of every sensible and unprejudiced man. The great object which the author has in view is "to show that the habitual use of purgatives is injurious to health, and that the diseases commonly denominated nervous and bilious cannot be cured by these medicines, nor indeed by any medicines whatever, but solely by avoiding the causes from which these diseases spring;" and it would appear from his preface that, on this account, he has been accused of a desire to depreciate medicines and the art of medicine. We, however, entirely acquit him from such a charge; being thoroughly convinced that the true interests of the medical profession can never suffer from enlightened attempts to instruct the public on the subject of their health, and feeling, with the author, assured "that, in attempting to correct, as far as in his power, a great medical abuse, he is doing that which not only will not diminish, but on the contrary will increase and promote, a rational confidence in the healing art." It is not to writers like Dr. Henry, who come openly forward to disseminate the great truths of physic, without any self-interested motive, that the guardians of professional honor will ever seek to apply the lash, but to those base and dishonest men who, under the thin pretence of communicating information to the public, plot in reality how they may lure them into their toils.

In the first page of the dialogue, a vivid picture is drawn of the misery of a bilious or dyspeptic and nervous patient, and of the flattering but delusive and merely temporary relief afforded by purgatives; a picture, of which every physician will admit the truth, who has had much experience in such cases, and who knows the ordinary mode of treatment of them by routine practitioners or the patients themselves. After a complete exposure of the inadequacy and injurious effects of the purging practice, the author—in reply to his patient's objections that "the necessity for a purgative is sometimes so pressing that present relief must be sought for, regardless of future consequences;" and that "the sentence of condemnation cannot be pronounced against those mildly opening and alterative medicines which neither sicken nor gripe, but merely give a gentle stimulus to the bowels, and assist their natural action"—enters into an elaborate discussion to show that the established creed respecting the necessity of having a daily evacuation of a certain consistence and color is utterly false; it thus concludes—

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* A Dialogue between a Bilious Patient and a Physician. By James Henry, M.D., Fellow of the College of Physicians, Dublin. Third edition.—Dublin, 1838. 8vo., pp. 52.

"I have now shown you that your opinion, that it is necessary to good health that the stools should be brought, by the aid of purgatives, to agree with a certain assumed standard, either with respect to frequency, or color, or consistence, is opposed, 1st, by your own experience of the utter futility of all attempts to render your bowels more regular by the aid of purgative medicines. 2dly. By my medical experience of the same fact with respect to other persons. 3dly. By my medical experience that such attempts are not only futile but ruinous to the health. 4thly. By my medical experience of the great variety that obtains in the stools of healthy persons, both with respect to their number, color, and consistence; or, if I may so say, by my medical experience of the non-existence of a fixed standard for the stools. 5thly. By the principles of physiology, which show that the stools of healthy persons must of necessity vary, and cannot by possibility be reduced to a fixed standard." (p. 27.)

He accounts for the great popularity, or, we may indeed say, of the nearly universal use of purgative medicines, by the great immediate relief afforded by them, by the real or supposed facilities they furnish for the indulgence in luxurious habits, by the fear that constipation, if unchecked, may lead to dangerous results, by the influence of traditionary opinion, by the misapprehension of the advice of Locke given in his Essay on Education, and by the direct and most extended authority of the late Mr. Abernethy (the author might have added Dr. Hamilton), and by the great recommendation of the practice to British practitioners from its simplicity and facility, and its harmonizing so happily with the empirical and *effective* practice so long characteristic of medical practice in this country; and, finally, by the efforts of the host of pill-makers, called into existence by these potent and multifarious causes on the infallible principle of statistical economy that supply will follow demand. These last two causes are happily explained in the following passage:

"Under this system a careful and laborious investigation into the particular circumstances of each case was no longer necessary: well prepared with his purgatives, the physician was ready for every case which might occur. If he understood the case, he gave purgatives, because he was convinced that they were required; if he did not understand the case, or had not leisure, or inclination, or ability to investigate it, he still gave purgatives; and thus, if he did not cure, he at least purged the patient, and so avoided the appearance of not knowing what should be done, and of standing an idle and inactive spectator of the progress of the disease. Thus were purgatives at one and the same time the offensive and defensive armor of the physician; the keen weapons with which he combated all diseases, and the secure coat of mail which covered his own ignorance, incapacity, or inattention. The practice of physicians to prescribe and recommend opening medicines, and the general use made of them by the public, produced of course a great demand for medicines of this class; the manufacture and sale of purgatives therefore became a profitable employment, and was carried on extensively by a great number of persons, who, deriving large incomes from the sale of their medicines, took infinite pains, by means of advertisements in all the newspapers and periodicals, and by agents in almost every town in the empire, to give notoriety and celebrity to their nostrums, and at the same time to keep up the credit of the purging system, on which the sale of their drugs, and of course their revenues, entirely depended." (page 35.)

Having convinced his patient of the groundlessness of the system of curing bilious complaints by purgatives, and of the utter inadequacy of these means to accomplish the end desired, the physician enters upon the exposition of his own *rational* system, which has the great merit of containing nothing that is novel, and nothing but what every experienced physician, who is accustomed to think and reason as well as to observe and prescribe, will admit the truth of. This system comprehends merely due attention to air, exercise and diet.

"Your symptoms having arisen from the inability of your stomach properly to digest your food, and air and exercise affording the natural, and certain, and well-known means of strengthening the stomach and increasing its digestive power, it follows that if your stomach is not (as I believe it is not) already injured beyond recovery, and if you are careful not to injure it in future, you have only to take sufficient exercise in the open air, in order to render your stomach equal to the digestion of your food, and so obtain the perfect recovery of your health. You have for many years lived an anxious, sedentary life; you have passed much of your time in close, badly-ventilated apartments, and have taken but little exercise or healthful recreation; you must change your habits in all these particulars; you must give less time to business and sedentary occupations, and more time to exercise and recreation in the open air. If your circumstances do not permit you to ride, or hunt, or shoot, or course, you can at least afford some time for quick walking: if the middle of the day is engaged, you can rise early and walk before breakfast; or, if that time also is devoted to business, you can take an hour's walk at night, just before bed-time; a practice quite free from danger to those who have not delicate lungs, and which has the advantage of warming the skin, and particularly the feet, before going to bed, and of composing and refreshing the mind after the fatigues and business of the day. . . If you are too timid to go out at night in bad weather, you can practise dancing, or fencing, or sparring, or some other gymnastic exercise at home; or you can play with young people or children at some of their cheerful games; or you can read for an hour in a loud voice, an exercise celebrated even among the Romans for the cure of bilious diseases, but most unaccountably neglected in modern times, although it has not only the effect of strengthening the stomach and assisting the action of the bowels, but also of bracing the chest and lungs, and improving the organs of voice and articulation, while at the same time it affords you an opportunity of directly cultivating the mind itself." (p. 42.)

The patient objects that his business is such as to leave little leisure for either exercise or amusement: the physician combats the objection, on the principle that "a man can always find some time for what he is fond of," and insists on the possibility, nay certainty, of his being able to take advantage of "some one or more of the exercises and recreations enumerated." "If, however," he adds, "you are unfortunately so circumstanced that you cannot or will not put into practice any of the measures which I have mentioned, there is yet another method to which you may have recourse, and from which I can promise you very considerable benefit; a method, too, which is perfectly in your own power, and which does not involve any sacrifice of time or any expense." (p. 44.) This method is the due graduation of the ingesta to the powers of the stomach and the wants of the system; in other words, proper attention to diet.

"As you find it impracticable to take those measures which are necessary to render your stomach equal to the work which it has to do, give it less work; do with it as you do with a weak horse; when you cannot strengthen the horse so as to render him equal to the work, you diminish the work so as to render it equal to the strength of the horse; do the same with your stomach. . . . You cannot take the stomach of another person as a measure for your own. . . . One man will be filled, even to repletion, by a quantity of food scarcely sufficient to satisfy the cravings of another man's hunger. There is no rule so good, or so general in its application, as the feeling of the stomach itself; if, after a meal, you are light and cheerful, and without flatulence or acidity, you have not eaten too much; if, on the contrary, you are oppressed or flatulent, you have erred either in the quantity or the quality of the food taken. . . . You inform me that circumstances render it difficult for you to use the means necessary to strengthen the stomach; the conclusion is obvious, you must diminish the quantity of the food. By so doing you will relieve yourself from the bilious symptoms; you will be no longer troubled with flatulence, acidity, and oppression after meals; your tongue will become clean, your spirits light, and your stomach, being no longer required to do more than it is able to do, will gradually improve in tone and temper." (pp. 45, 46.)

It is, however, only the combination of these two, by the simultaneous employment of proper exercise and proper diet, that the rational and certain cure of the disease is to be effected. Either will fail singly; but the effect of both will be triumphant.

"But this method [that is, taking only as much food as the stomach can digest], although calculated to cure your bilious symptoms, is still an imperfect method; because your sedentary, anxious, careful life (the original cause of the disorder in your stomach) will still exert its injurious influence, weakening and emaciating your muscles, shattering your nerves, and unfitting your stomach for the digestion of more than the smallest quantity of the plainest food. You will be improved, indeed, because your stomach will be able to digest the diminished quantity of food; but this quantity of food being too small to impart full strength and vigor to your frame, you will still be an invalid, although no longer bilious. If you wish your cure to be complete, combine the two methods judiciously together. While your stomach continues weak, give it less work; but in the mean time do not neglect the means necessary to restore its strength. As it grows stronger it will not only be able to do more work, but its work will be better done; it will digest its food better, and the food, digested better, will produce stronger muscle, bone, and sinew, by means of which you will be enabled to take an increased quantity of exercise without fatigue; the increased quantity of exercise will produce increased strength of stomach, and the increased strength of stomach increased strength of muscle, bone and sinew; and so the improvement will go on in a circle; your bilious symptoms will disappear as if they were charmed away; you will lose the fastidiousness of palate and capriciousness of appetite, which a disordered stomach always generates; and you will restore to your dietary, with safety and even with advantage, various articles of food which are at present excluded from it; the bloom of health will adorn your cheeks, and vigor of body will accompany and promote vigor of mind and serenity of temper." (pp. 46, 47.)

The patient, at length thoroughly convinced by the physician's arguments, takes his leave, promising to follow out in practice the principles laid down. This he does rigidly, and on his return, *after three months,* he announces his cure to be complete. He says, "I am a new man; you have been the means, under Providence, I will not say of saving my life, but (which is much more) of enabling me to enjoy it. The existence that was almost a burthen to me has become delightful, my mind and body are both at ease, and I am enabled to employ their energies for the advantage of my family and the good of my fellow-creatures." (p. 49.)

All this is excellent; and we venture to say that that physician will alone treat successfully the vast class of chronic diseases included under Dr. Henry's comprehensive title, who adopts and follows up the general principles of the practice recommended by him. We have been long convinced that the attempt to cure habitual biliousness or chronic indigestion by mere medicinal prescription is at least as hopeless as that of the homœopathists to cure acute diseases by their imaginary medicines; and we know of no more crying or perilous abuse in the practice of physic than the universal system of purgation followed by the routine practitioners of this country. Well may Dr. Henry call the British nation "the most purging nation in the world;" and we confess we should be proud to aid him in his laudable attempt to do away this reproach.

In admitting all this, we are by no means disposed to bestow unqualified approbation on Dr. Henry's system as here exposed; it is too narrow and exclusive; it contains some serious errors, both negative and positive, of omission and commission. He is decidedly too outrageous against the use of purgatives; his horror of them almost exceeds that of *Chanticleer* in Chaucer's Nun's Priest's Tale:

> "I say furthermore
> That I ne tell of laxatives no store,
> For they be venomous, I wot it well;
> I them defy;—I love them never a deal."

Now it is one thing to prescribe the habitual use of a remedy and to trust to it almost exclusively for the cure of a disease, and another thing to employ this remedy occasionally and under particular circumstances. So far from the use of an occasional purge being injurious in bilious disorders, it is the very reverse; and its employment in this manner does not in any way establish a necessity for its frequent repetition. Again, so far from proper aperients, even a course of them, being injurious in commencing the treatment of a bilious disorder of long standing, we hold them to be, in a majority of cases, essentially necessary, and necessary even to insure the success of the rational anti-medicinal system advocated by Dr. Henry. The regulated diet, the air, the exercise, will evince their beneficial operation much more speedily and beneficially after the intestinal canal has been freed from old accumulations, the torpid mucous membrane has been stimulated, the glandular emunctories unloaded and excited, the plethora of the portal system relieved; nay, we are convinced that, without these preliminary measures, the hygienic treatment will entirely fail in a certain class of cases. We wish it, however, to be distinctly understood that we regard this medicinal course as merely preliminary and temporary; for permanent benefit—for the cure, properly so called—we rely entirely, with Dr. Henry, on the rigid enforcement of hygienic measures. And here we think our author has taken too confined and exclusive a view of such measures, which has arisen from his regarding the morbid condition to be remedied as simpler than it really is. In cases of bilious disorder of long standing, almost the whole frame is implicated in all its organs and functions, in its solids and its fluids; and, in contemplating this wide and multifarious disorder, its seems, at first sight, not very likely that any one measure, however comprehensive in its operation, should be able to remedy so general an evil, but that the proper treatment should include as wide a range of agencies as can be effectively and safely applied. With this view, in addition to the air, exercise and diet of Dr. Henry, we would enforce the use of other auxiliary means calculated to improve the disordered functions, not even excluding therefrom mild alterative aperients; among these means we would lay particular stress on bathing, warm, tepid, or cold, general or local, according to the circumstances of the case; friction to the surface; rigid attention to the state of the mind; and such *medicinal* treatment as the aggravated affections of particular organs, which almost invariably ensue in protracted cases, seem to require. It would surely be absurd to trust to exercise and diet alone for the cure of an incipient gastritis, or congested liver, or overloaded colon, or turgid abdominal veins, when we had it in our power more speedily and effectually to relieve these by the employment of leeches to the præcordia or anus; by the use of mild but effective purgations or injections; by a course of warm bathing; or even by a short course of gentle mercurials. We recommend these and other similar views to the consideration ot Dr. Henry, and trust that he will not overlook their importance in preparing the next edition of his Dialogue for the press.—*British and Foreign Medical Review.*

"THE MINISTER'S AIL."

To the Editor of the Boston Medical and Surgical Journal.

Sir,—One word more about this tobacco affair. I would not again have opened my mouth on the subject, if a gentleman had not been using my name in a late number of the Journal, and that, too, in a manner not the most advantageous to myself. However, if you will give me a little room, I will dispose of the gentleman and his arguments in short metre. I will, therefore, as the gentleman seems to take hold of the wrong end of everything he meddles with, begin with the end of his exceedingly *wise*, *instructive* and *entertaining* communication, and make a few short remarks on each of his paragraphs, from the end to the beginning, which concern myself.

In his last paragraph, the writer has made a most wonderful discovery; namely, that the sore throat is caused by speaking. Most surprising! But he has not only discovered the cause of the disease in question, but, lo and behold, he has invented a remedy for it! And what is this remedy? Why, it is leaving off speaking. Incredible! He has discovered that the vocal organs were not formed for speaking; that speaking gives men the sore throat, and that leaving off speaking is an infallible remedy for the disease.

Looking at the next paragraph, that is, going backwards, like the crab and the gentleman's reasoning, we find that he makes a formal inquiry why and wherefore, &c. Now, this question is beyond our comprehension; but we should imagine that the man who could discover that speaking gave men the sore throat, and that leaving off speaking would cure it, could certainly solve so simple a question as the one he has proposed.

But to go on. The gentleman thinks cold water extremely good for public speakers to take during the delivery of their discourses; and to prove this, he brings forward an array of argument that must surely make the world stare. But the gentleman gets into a sad quandary by giving us to understand that he does not know the difference between fatigue and fever. He most wisely concludes that the vocal organs are often in a state of fever during speaking. It is something which I have yet to learn, that we cannot use any or all of our organs actively, without bringing a fever upon those organs, so that, as the gentleman declares, they require cold water to cool them. I well know that when for a long time we use any of our organs, they become fatigued; but that they cannot be used without bringing fever upon them, is strange indeed. Then the gentleman has a remarkable remedy for the fatigued (not the fevered) organs; and that is, cold water. I would, without proceeding any further, just inform the gentleman, for his especial edification, that our organs are so formed that we may use them without inducing fever in them; that their long-continued use fatigues them; and for the especial edification and the more particular safety of his patients, I would just insinuate, in the most delicate manner possible, that cold water is not exactly the thing to be applied to a fatigued and exhausted organ, or to an exhausted patient. Not exactly the thing, did I say? Indeed, the very idea is monstrous and absurd! And what does the gentleman recommend, but this very thing? The application of cold water to the delicate organs of the voice, when, after excessive labor, they have become fatigued and exhausted!

In the next paragraph (a tergo proceeding), the gentleman says that he has spent much of his time in being instructed when *not* to give medicine. I thought this was the case from the perusal of his communication; for, from this I should judge that he had spent all his days in learning how and when not to perform his professional duties—or, in other words, that his whole life had been spent in being taught *ignorance*. For what is it but being taught ignorance to be instructed when and how *not* to do a thing? I would inform the gentleman, that being instructed when and how *not* to do a thing, is just no instruction at all. What instruction would it be to me for a man to tell me when or how *not* to perform a mathematical question? He again says, the disease in question is exclusively confined to clergymen. This discovery is all but equal to the remedy he discovered for sore throat, and is the farthest possible from the truth. Again he says, that ministers rarely take cold water during the delivery of their discourses. I would merely say to this, that his observation must have been extremely limited, and that the inference drawn from it is as false as the assertion which we have last considered.

I would merely state, in conclusion, that my opinion with regard to the injurious effects of cold water on the voice, when taken during public speaking, was an opinion of the moment, and given without much reflection on the subject; but having my attention again called to the subject by the late remarks in the Journal, I have reflected on it more closely, and the more I have reflected, the more I have become confirmed in that opinion. And I firmly believe that every rational man who will take the trouble to investigate the subject, and who does not, like the gentleman whose remarks we have been considering above, believe that our organs cannot be exercised without throwing them into a state of fever, will arrive at the same conclusion. N. H. Allen.

Gray, Me., June 19, 1839.

REMARKABLE EFFECTS OF CREOSOTE.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Having noticed some articles in your useful Journal upon the value of creosote, I take the liberty of reporting a case which has come under my own observation, proving its value, and which, if you think proper, you may insert in the Journal.

Miss L. C., aged about thirty, of this city, called on me on the 19th of April last, for medical advice in relation to an indolent ulcer, situated about half way between the knee and ankle, four inches in length, and from one to one and a half in width. The greater part of the limb below the knee was very much swollen, attended with a good deal of inflammation, and was very sensible to the touch; the pain was variable, but much of the time severe. A viscid, tenacious and fetid discharge was kept up from the ulcer continually. In short, it had every appearance of being one of those troublesome ulcers which so often baffle the skill of the physician, and are thus pronounced incurable.

Having used creosote in somewhat similar cases before this, with the most happy effects, I was induced to try it in this, which I did in the following manner. R. Aq. font., ℥i.; creosote, gtt. x. This I applied to the ulcer and parts affected or swollen, every other day, with a cotton roller three inches broad, applied tightly from the toes to the knee. This, together with rest from labor, caused the ulcer to heal perfectly sound in five weeks, and the parts adjacent to put on a healthy and natural appearance; and it remains, as the patient herself terms it, "well."

Note.—This case had been of eleven years' standing, and had received many different kinds of treatment, without receiving much, if any, benefit. I should be inclined to give some of the credit of the cure to the bandaging, were it not that the bandages had been applied previously to no purpose. David Crary, M.D.

Hartford, Conn., June 24, 1839.

EXTRAORDINARY ABSTINENCE ATTENDING CHRONIC PERITONITIS.

TREATED BY DRS. MERRIMAN AND PLYMPTON, MADISON, OHIO.

[Communicated for the Boston Medical and Surgical Journal.]

Miss M. D., daughter of the late Rev. Jonathan Winchester, of Ohio, died in February last in the 17th year of her age. Previous to her last sickness, she had suffered two attacks of mucous gastritis, both of which were severe, and of some weeks' continuance. From the first attack, which occurred four years ago, she began to complain, as we afterwards learned, of a circumscribed hardness of four or five inches in diameter, without much pain or soreness, situated a little superior and anterior to the crest of the left ilium, with inability to "lie straight in bed." To these symptoms, however, our attention was not called till after her second attack, which occurred two years ago. From this time she continued under medical treatment, more or less rigid, according to the urgency of her symptoms. As the details of treatment in this case would be uninteresting, we need only say, that the length of time she continued our patient afforded us an opportunity of exhausting all the resources of the healing art which we could derive, either from our own experience or that of others. Alteratives and counter-irritation in all its varieties were rigidly and perseveringly tried.

During the time last referred to, she was seldom confined wholly to the house, but was able to discharge all the relations of a kind neighbor, in visiting the sick, during the autumnal fevers of last year, till the latter part of November. She was then, after having complained for some days of increased tenderness and hardness of the abdomen, suddenly seized with violent spasms, incessant vomiting and paroxysms of sinking, and seemed likely to live but a short time. The bowels were at first hard, with tympanitic distention, but afterwards wholly lost their elasticity and became very much sunken. During the first eight days, we were enabled to administer a little nourishment in the form of mucilaginous drinks, and also to procure cathartic operations, but not without the utmost difficulty. Small doses of calomel, so intimately combined with mucilage as to escape her notice, was the only form in which she could retain any cathartic medicine upon her stomach, even for the shortest period of time.

During the last nine weeks, we were unable to procure any alvine evacuations, or to administer food in any form whatever. Every species of aliment or medicine was invariably rejected, and pure ice water alone, sucked through an oaten straw, constituted her only medicine, food and beverage, through a period of more than sixty days; and during the last week she did not even take this. Enemata had been used for cathartic purposes, but her earnest entreaties prevented their ever being employed for the purposes of nutrition. Her intellectual powers continued unimpaired, with the exception of ten days. During this time she remained mostly in a state of rapturous delirium, passed three days and nights without sleep, and would often consume three or four hours together in her favorite employment of singing. This season of mental derangement was succeeded by a return of reason for the last four days, and she remained able to converse with her friends to her last moments.

This case affords a rare illustration of the self-sustaining powers of the human system, in certain cases, when deprived of its ordinary supports; especially if it be relieved of its usual expenditures. A hasty inspection, twenty-four hours after death, in the presence of a number of medical gentlemen, revealed no indications of disease, except in the abdominal viscera. The omentum was wholly consumed, except some ligamentous shreds firmly attached to the bowels. Numerous ligamentous bands were found confining the convolutions of the bowels to each other, and to the parietes of the abdomen; while the duodenum was immovably fixed, and so involved in an agglutinated mass embracing the pancreas, spleen, and a portion of the intestine, as to be with much difficulty traced. The mucous coat of the stomach was very much reddened throughout its surface, as was also the mucous coat of the bowels —but without ulceration. No part of the uterine or urinary apparatus exhibited marks of disease. E. S. Plympton.

June 12, 1839.

CONGENITAL CATARACT.

OPERATION BY DIVISION, AND PERFECT RECOVERY OF SIGHT.

[Communicated for the Boston Medical and Surgical Journal.]

Case.—Louisa, a colored child aged five years, living with Hiram Frayurd, three miles from Woodville, Miss. Health and constitution good; eyes presenting a full and natural appearance, with the exception of light-gray cataracts in both, intercepting entirely all vision. The bowels were opened with sulph. magnesia; the pupils well dilated with the ext. belladonna, and twenty drops tr. opii administered thirty minutes previous to the operation. The eyes had acquired great mobility, rendering a fixed position quite impossible. The operation of division was chosen as the one indicated, the cataracts being lenticular and of a gelatinous consistence. The eyes were operated upon at successive periods in the years 1837–8, with desired success. A solution of the ext. belladonna, gradually weakened, was applied night and morning for three days after the operation. No inflammation supervened requiring treatment, and in ten days all dressings were removed, as the eyes presented a healthy appearance. In about three weeks the pupils had resumed their natural size, and no appearance of the cataract remained. Since the recovery from the last operation up to this time, May, 1839, the eyes have been gradually improving. Mobility much lessened, and the muscles of the eye under the control of the will. She is now able to recognize small articles, pick beads from the floor, &c., and readily distinguishes colors and persons. Glasses have not yet been used, but will be resorted to, when vision, at a proper angle, will be perfect.

Woodville, Miss., June 2d, 1839. C. S. Magoun, M.D.*

ANATOMY OF CLUB-FOOT.

Although the malformations which are known under the popular denomination of club-foot are extremely frequent, and their treatment carried to a high degree of perfection, we possess but few accurate records of dissections of the affected limb. The following account of a case of talus, lately presented to the Royal Academy of Medicine by M. Bouvier, is therefore worthy of some attention:—

"It occurred in the person of a man, who died at the age of sixty-six years in the Hotel Dieu. The malformation had been developed in this individual when at the age of twelve months, and consisted in a forcible extension of the foot, by which the weight of the body was made to fall entirely on the heel. The angle which is formed by the axis of the foot with the leg, is sixty degrees, and the point of the foot is with great difficulty brought down so as to form a right angle. When this is done the tibialis anticus, extensor communis, and extensor proprius pollicis muscles, are thrown into a state of extreme tension. The integuments of the heel are thick and horny; those of the rest of the foot are fine and thin, showing that the heel had to bear the entire weight of the body. The os calcis is directed somewhat outwards; the whole foot also deviates outwards in a slight degree; the sole of the foot, instead of forming an arch, is nearly flat. The lateral peroneal muscles are shortened, but those which cover the back of the leg are elongated. The whole limb is remarkably wasted, the muscular fibres completely deprived of their color, and presenting that peculiar fatty appearance which so often occurs in cases of club-foot."

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* We shall be pleased to receive reports of the cases referred to by Dr. M. in his private letter. —Editor.

The operation of dividing the tendons, which has been practised with so much success in cases of children affected with club-foot, has never, we believe, been tried on a patient far advanced in life. It was, therefore, a matter of some interest to determine how far the malformation, in the present instance, might have admitted of remedy by surgical means. The tendons of the anterior muscles were divided, and immediately the point of the foot was brought down to a right angle, the deformity almost completely disappearing.—*Bul. of the Academy.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 3, 1839.

DR. PALMER'S ADDRESS.

On the 12th of June, the graduating class of the Vermont Medical College, in Woodstock, was addressed by the president, David Palmer, M.D., in a manner to have gained the applause, we apprehend, of all who had the privilege of being within the sound of his voice. If there is any essential fault in the address, it is too short: however, as the great secret of securing the approbation of our fellow men consists in not wearing out their excitability, it may perhaps be an evidence of the president's good judgment and sound discrimination, that he did not exceed twelve duodecimo pages.

Were the whole re-published in our pages, it might be thought that other matters, of a more immediately practical character, had been omitted; and, on the other hand, if we copy only a fragment here and there, the author may consider himself unjustly exhibited by piece-meal. At all events we shall detach a paragraph or two, and hazard the consequences.

" And here allow me to say, that your power of exerting a moral influence for good or for evil, must necessarily be great. If, by your professional skill, your kindness of temper, and the urbanity of your manners, you secure such a standing in the affections of individuals and families, as these qualities seldom fail to secure, you will be placed most advantageously, to infuse either the rank poison of infidelity, or the fragrance of pure and holy affections and belief into the hearts and minds of your employers. The visits and the influence of the clergyman upon the sick are often dreaded. They are too ghostly, and put him in mind of his funeral; but the single-hearted and pure-affectioned physician, who feels the value of the consolations of christianity, is indeed an acquisition in the chambers of the sick. And, to accomplish all the good in his power, it is by no means necessary that the physician should be ostentatiously moralizing or preaching on every or on *any* occasion. The calm influence of his example, and occasionally a good word fitly spoken, may be productive of great good. *Above all things* you will not at this time of day, either in your more private and confidential intercourse, or by your public influence, attempt to undermine and shake the stability of the christian religion, or darken the faith or weaken the hopes of those who regard it as their only refuge. A certain proportion of your employers, in every community, will be those who cherish the christian's hopes; and if you have *not* a corresponding faith, if you regard those hopes delusive, you can frame no reasonable apology for attempting to dissipate them. The time has gone by, when infidelity was regarded as a proof of deep thinking—of profound research, by anybody."

Young physicians ought to feel obliged to the doctor for reminding them of an important fact, which, unheeded, has turned scores topsy turvy, who were and would have been on the high road to professional eminence, had they eschewed politics.

"With political contests you will do well not to be deeply engaged. As members of a free government, and as eligible to all its places of honor and trust, you are at full liberty to form and maintain your own opinions, of the men and measures of the government. And this you may do, without becoming in the modern, the popular, the *hateful* sense of the term, politicians. Politics, in the modern acceptation of the term, has become a *trade* in which an honest man can hardly engage. The thin pretence of principle, which is held out to allure the simple-hearted followers, in the rank and file of political parties, is either not mentioned, or mentioned with derision by the leaders, among themselves."

Again, the elevated views expressed in another place, are calculated for all meridians, and could not be too perseveringly adhered to in the intercourse of practitioners of the same scientific profession.

"The man, who, when called to consult with *you*, makes a display to attract the notice of the patient, or his friends, or suggests that this, or that, should have been done in season, or *at least* ought to be done now, forfeits your confidence—incurs your contempt. You *may*, perhaps, prudently forbear the expression of what is passing in your mind. It may be better not to quarrel with, but you will always despise and shun him. And how fits the golden rule in this contingency? Why, just as it fits in all other contingencies. What you would have others do or avoid with you, that do or avoid in your intercourse with them; and the consequences will always be right."

Thus far, the institution over which Dr. Palmer presides has been steadily progressing, and at no period of its history could be contemplated with more satisfaction than at the close of the late lecture term.

Maine Lunatic Hospital.—It is understood that the edifice, now in progress at Augusta, will be ready for the reception of patients in the course of the ensuing autumn. The principal building, of granite, is to contain two hundred apartments, besides a room in the attic, eighty feet long by forty in breadth, and fifteen high, designed for a chapel. Strict attention has been paid in the construction to ventilation and warming. On the whole, as the architect has had the advantage of the improvements introduced into all the other insane establishments which have been erected in the country, it is presumed that the Maine hospital will equal, certainly, if it does not entirely surpass, all others in point of beauty, utility, comfort and convenience.

Journal of Dental Science.—A noble enterprise has been undertaken in New York by Chapin A. Harris, of Baltimore, and Eleazer Parmly, of New York, gentlemen of commanding influence and character, as operative dentists. It is truly a generously devised scientific journal. It consists of 48 octavo pages, beautifully printed, and afforded as cheap as possible. We cordially recommend it to all dentists—a goodly number of whom in the United States have long been our patrons—as entirely worthy of their sustaining power.

Dr. Harlan's Cabinet.—In looking back to page 225, vol. XIX., a notice will be found of the articles constituting Dr. Harlan's very valuable cabinet. The owner, just before leaving for Europe, tried to make a sale in Boston. We learn that a recent fire occurred in Philadelphia, at the Messrs. Wetherill's White Lead Factory, at which the entire cabinet of anatomical preparations for the illustration of comparative anatomy, was destroyed. They were the collection and labor of years, under the eye Dr. Harlan, who is now in Europe, and who has refused a large sum as the price of their purchase.

College of Physicians and Surgeons, Upper Canada.—Some one, unknown to us, has kindly sent the by-laws of the College of Physicians and Surgeons of Upper Canada—a most acceptable favor, for which we return many thanks, not knowing before that the institution existed. A principal part of the constitution, together with the essential by-laws, will be introduced into the Medical Almanac, now preparing for the next year. The present officers are: C. Widmer, M.D., President; Lucius O'Brien, M.D., Secretary, resident of Toronto.

Montreal General Hospital.—An interesting quarterly report of the committee of management for the quarter ending April 30th, 1839, is respectfully acknowledged, and we regret not knowing to whom we are indebted for the favor. The expenses were £538 6s. 9d. Remaining patients of the last quarter, 45; admitted during the quarter ending April 30th, 106; discharged cured, 93; discharged for irregular conduct, 1; died, 6; remaining 46. S. C. Sewell, M.D., and Geo. W. Campbell, M.D., attending medical officers. It would be doing us a kindness to have all succeeding reports of this well-conducted hospital sent to the address of the editor, as in the present instance.

Sherman's Truss.—An advertising handbill, of huge dimensions, surmounted by a coarse drawing of the inguinal regions, to which are appended the commendatory testimonials of forty-five distinguished surgeons and physicians, came on the other day; but we like to see things as well as read about them. If the instrument is truly what it is represented to be, it would conduce to the sales of the proprietor to have one for exhibition in the Journal office, where more physicians would see it than in almost any other place.

Catarrhus Autumnalis.—At the late meeting of the Hopkins Medical Association in Hartford, referred to in last week's Journal, Dr. J. Barratt, of Middletown, read a dissertation on *Catarrhus Autumnalis*, with copious notes, &c., and with reports of cases to illustrate this rather rare and troublesome affection. He also furnished notes to show the connection of this disease and the flowering of particular plants named, and these he attempted to show were intimately connected with the disease, if not the *cause* of it. He also read parts of Dr. Elliott's Botanical Lecture on *Catarrhus Æstivus*, or *Hay Fever*, from the Boston Medical and Surgical Journal of June 17th, 1833, Vol. 8th; and demonstrated that the diseases were identical, as much so as difference of climate and flowering time would allow—only with us it was later, appearing about August 14th and lasting one month, or till such plants as he named had passed flowering. His intimate knowledge of British Botany enabled him to hint what plants were most probably concerned in producing the disease in Great Britain. Dr. Barratt may consent to publish, more largely and minutely, his views hereafter upon this interesting subject. Dr. Welch, of Wethersfield, read an interesting dissertation on dysenteria, from which we do not feel ourselves at liberty, for the present, to extract.

Hospital of Macao, China.—The Rev. Peter Parker, M.D., the distinguished operator, whose success in surgery has rarely been equalled in any country, has made a report of the condition of the hospital under his care at Macao, which was opened on the 5th of May, 1838, while some necessary repairs were made on the Canton Hospital with which he has been officially connected, under the auspices of the Medical Missionary Society, ever since he arrived in that country. The Macao hospital is capable of containing two hundred patients. There are nineteen spacious rooms on the second story, and as many on the ground floor—an extensive garden, three wells, and a large front yard. The edifice is of brick, strongly built. Cases will be selected from this report, some of which are quite remarkable in character.

Price of Chirurgical Fellowship in Scotland.—In order to become a fellow of the Edinburgh Royal College of Surgeons, incorporated so lately as 1778, the candidate is required to present an essay upon some surgical subject, which, if approved of, he must print at his own expense and circulate among the fellows. Next, he must undergo three examinations before the College, on anatomy, surgery, chemistry, materia medica, &c., and also on the dissertation which he has written. If he passes these trials to the satisfaction of the institution, he is admitted to a fellowship in full communion, on paying *two hundred and fifty pounds!*

To Correspondents.—The communications on the use of tobacco and on the cause of bronchitis in clergymen, from Dr. Mauran, Dr. Howe, and Dr. E. G., and the paper on scarlatina, were received too late for this number.—Dr. Woodward, of Quincy, Mass., will please accept our thanks for the kine-pock matter, which was taken by himself from the cow last week. As soon as we have had time to test the character of the lymph, his letter will be published.—Dr. Josiah Crosby, of Meredith Bridge, N. H., has laid us under peculiar obligations.—Dr. Haskell's paper will be inserted as soon as we can find room.

Whole number of deaths in Boston for the week ending June 29, 22. Males, 9—females, 13.
Of consumption, 1—inflammation of the bowels, 2—child-bed, 1—infantile, 1—scarlet fever, 5—brain fever, 1—hooping cough, 1—teething, 1—marasmus, 1—croup, 1—old age, 1—salt rheum, 1—lung fever, 1—worms, 1—tumor, 1—stillborn, 4.

BERKSHIRE MEDICAL INSTITUTION.

The Annual course of Lectures in this Institution will commence the 8th of August, 1839, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by - - -	H. H. Childs, M.D.
Chemistry, Botany, and Natural Philosophy, by - - - -	C. Dewey, M.D.
Pathological Anatomy and Materia Medica, by - - - - -	Elisha Bartlett, M.D.
Anatomy and Physiology, by - - - - - - - - - -	Robert Watts, M.D.
Surgery, by - - - - - - - - - - - - - - - - - -	Willard Parker, M.D.

Fee for the course of lectures, $50; fee for those who have already attended two full courses at an incorporated medical school, $10; graduation fee, $18; board, including room-rent and lodging, as at other country institutions. Library fee, according to the number of books taken out.

Fellows of the Massachusetts Medical Society, and others, who have received the degree of Doctor of Medicine, are admitted gratuitously to the lectures.

Degrees are conferred at the commencement and close of the Lecture Term. The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are—three full years' study under a regular practitioner of medicine—attendance on two full courses of medical lectures, in medical institutions regularly established, one of which courses must have been attended at this institution—a defensible thesis on some subject connected with medical science—an adequate knowledge of the Latin language, and a good moral character.

The examinations will be held in presence of the Trustees, Faculty, and Overseers of the Institution, and of a Delegation from the Medical Society. The thesis must be publicly read and defended. Gentlemen who intend to present themselves as candidates for a degree, are particularly requested to procure full and formal certificates of time and age.

Jy 3— *By order of the Faculty,* ROBERT WATTS, Jr., M.D., *Dean.*

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents.

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—" I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, " The Western Journal of Medical and Physical Sciences."

Professor McCleland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that " every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18*th May*, 1837.—" Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—" Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, $10.

June 12—1y

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

TO PHYSICIANS.

A physician who wishes to relinquish the practice, can hear of one of experience who would be glad to occupy his stand, and who can give the most unexceptionable references as to character, &c., by addressing a line to the editor, post paid. June 19—3t

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory refernece. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

Vol. XX. Wednesday, July 10, 1839. No. 22.

A CASE OF MONSTROSITY.

*Read before the Union Medical Association,** *By* John Geo. Metcalf, M.D., *of Mendon.* [*With a Drawing.*]

[Communicated for the Boston Medical and Surgical Journal.]

The author of the following communication has been induced to furnish a copy of it for publication, not that he expects thereby to extend, in any great degree, the bounds of medical knowledge, or add new store to the list of remedial agents; but, simply, that an account of a case, sufficiently designated by the caption to the present article, may be preserved for future use. But what use? To assist in the discovery of the *laws* which regulate and govern such, at present considered, *abnormal* productions; to lay by, an isolated case to be sure, for future occasion, but which may serve to aid in bringing to light the philosophy of these "freaks of nature," as they have, irreverently, been called.

With regard to this matter of deformity in children, we now "see through a glass darkly." So they once did with regard to the circulation of the blood, until Harvey cleared up all doubts on that score; and who shall deny that some future physiologist may not be able to clear up the doubts which envelope the present subject, and that the laws which govern in the development of these untoward specimens of humanity may not come to be as well understood as any other physiological rule already established.

But if the publication of the present article shall subserve no valuable professional purpose, it may, at least, aid some future D'Israeli in the collection of a volume of *medical* "Curiosities," and be found, no doubt, in the chapter appropriated to the relation of things wonderful and unaccountable. But to the case.

Mrs. ——, after a day or two of more than usual hard labor, was attacked with severe abdominal pains, soon followed by a slight uterine hæmorrhage. These symptoms continued through the succeeding night without any abatement, the pains being so constant as to allow her but little, if any, sleep. At half past 9 o'clock, A. M., on the following day, I was called to visit her. On my arrival I found her walking about her chamber, and, apparently, in strong labor pains. She supposed herself between six and seven months advanced in pregnancy. She has never suffered abortion ; usually enjoys good health, and is the mother of two fine children. I advised her to go immediately to bed, hoping, peradventure, the premature delivery might be avoided. Complying with my advice, examination was then made, and the vertex of the fœtus was found resting upon the external organs. The hæmorrhage was slight, and the membranes were not ruptured. All hope of restraining the threatened abortion was now abandoned, and the customary preparations were directed to be made for the approaching delivery. The pains continued to grow stronger and more frequently occurrent until 10 o'clock, A. M., when the membranes were ruptured and an *extraordinary* flow of water followed. A few more contractions accomplished the delivery.

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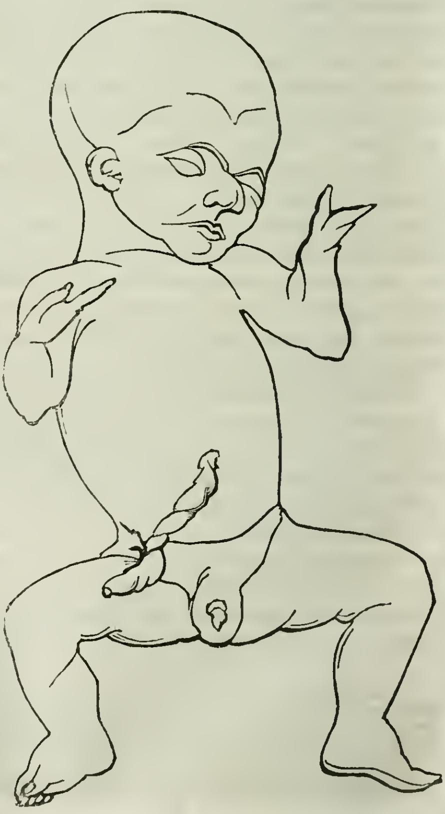
* This Association is, at present, composed of Drs. Allen and Ballou, of Woonsocket, R. I.; Dr. Marsh, of Slatersville, R. I.; Dr. Robbins, of Uxbridge; Dr. Fisk, of Milford; and Drs. Wilder, Southwick and Metcalf, of Mendon. It was organized May 12, 1834, and, with one intermission, has continued its regular monthly sessions since. At each meeting some one reads a dissertation, and the other members contribute accounts of cases and papers upon medical subjects; after which the remaining time is taken up with unrestricted but friendly criticism. Its meetings are holden on the Monday preceding the full of the moon, at the office of Dr. Abel Wilder, in Blackstone village, in this town.

The child was stillborn, exhibiting no signs of life except a few feeble, convulsive motions of the extremities, which soon ceased. On examination the child was found to be deformed, as follows. The hand, if such it could be called, consisted only of the thumb and fore-finger ; the other fingers, with their corresponding metacarpal and carpal bones, being absent. The thumb and finger were well formed, and the nails perfectly developed. On examination of the fore-arm, the ulna was also found to be wanting, so that the fore-arm and hand, in their osseous organization, consisted only of the radius, the ossa scaphoides, trapezium and trapezoides, the metacarpal bones of the thumb and index, together with their respective phalanges. The fore-arm was bent up towards the humerus, and could not be straightened, being apparently held in that position by a rigid contraction of the skin and muscles at the flexure of the elbow-joint.



The organs of generation presented the following malformation. A little fullness of the skin upon and below the pubis constituted what may be termed the rudiment of a scrotum. The usual site of the penis was occupied by a membranous tubercle about the size and shape of a large pea, attached by a base of about two thirds its own diameter. At first no orifice was discovered in this tubercle, but on turning it up, upon its inferior portion and partly in its base a small orifice was found, which proved to be the opening of the urethra, as a probe, properly bent, passed through it readily into the bladder.

Referring the reader to an inspection of the accompanying engraving, further description is presumed not to be necessary to a distinct apprehension of the ideas intended to be conveyed. Could permission for dissection have been obtained, some further account of this case might have been herewith communicated.

The mother, on being informed that the child was deformed, immediately answered, "I expected it would be; it has a hare-lip, I suppose." On being asked why she supposed this would be the case, she said an acquaintance, who was thus deformed, had been at her house two or three times during her pregnancy, and that she invariably felt *very disagreeable* while he was present. Mothers frequently trouble themselves about the anticipated deformity of their children, but I never knew their predictions verified except in a single instance.

Mendon, June 10, 1839.

THE TOBACCO QUESTION.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Our patients often say, "we regret to trouble you to call so frequently," not reflecting that it is through such calls that we live. I may, with equal propriety, say to you that I am sorry to trouble you with another communication, but as it insures another grist to your mill (though it may be short measure), I trust that it will be taken in, the mill repicked, and receive "its turn."

The tobacco question has really created quite a breeze in your vicinity, if we may judge from the gentle fumy zephyrs that so frequently salute the senses, *jusqu' ici.* I have read the *pros* and *cons* on the subject, as they have been presented to the public through your prolific Journal, from all quarters, and reluctantly, though with truth, can subscribe to the verity of the old adage, "how wonderfully doctors disagree," even upon every-day questions.

In the various answers called forth, much discrepancy of opinion exists. One rails at all theory whatever, and after attempting to dislodge those which have been presented under circumstances almost irrefutable, again sets up another (for which he claims the exclusive patent), although unsupported by scarcely a tittle of evidence. For example, "The throat affection is the result of cold water taken during speaking." How this may be with the clergy in Gray, Me., I am unable to say; but really, so far as my observations extend, I doubt exceedingly whether one clergyman in one hundred, I had almost said five hundred, habitually practises water-sipping while in the desk, unless he be *ex-officio* 4th of July orator, on which occasions it is accredited as a part of the ceremony. Again, did the practice generally obtain, we have the positive evidence of its inoffensiveness to the vocal organs, from the universal practice among our members of Congress, who, we are informed, invariably have water or some other liquid constantly before them for use, while addressing that body; and yet their efforts are long, and in all respects truly stentorian.

A word as to another assertion made by Dr. Allen. That "every one *can* testify who *has ever heard* the hoarse, thick, husky, mumbling, stammering, insonorous voice of the inveterate tobacco-chewer," is not doubted; but as yet having never had that opportunity, I must be permitted, for one, to question the justness of the remark.

Your correspondent "Senex," whose efforts heretofore have been much and justly admired, from his vast observation and experience, writes in a very plain, sensible, and candid strain, and truly in style sustains well the character which he has assumed; but, from his lamentations over "the disuse of every kind of generous drink," and encomiums upon some of our most reviled stimulants, calling them a "harmless beverage," &c., I fear will not find increasing favor with our modern reformers. With all his observation, however, he cites but one case in opposition to what was by me originally stated, viz., "that the throat affection, strictly so called and understood by the faculty, does not, as a *general remark*, develope itself in the habitually tobacco-using subject—that is, by chewing and smoking." He says, "In *one* case, at least, tobacco was not a preventive."

And here I would have it distinctly understood that I never intended to, nor ever did assert or believe, that every clergyman who does not use the weed must, *ipso omisso*, suffer from the disease in question, or that all who do indulge in it will be thereby exempted. The observation was therefore qualified by the expression, "as a general remark," &c. Neither do I admit that every species of throat disease, or unnaturalness of voice, whether from impaired explosive apparatus (the lungs), hereditary peculiarity as the sequel to some exanthematous affection, is the disease in question. Again, idiosyncrasy would present an insurmountable obstacle to a uniform law of action. All acknowledge the malady to be deplorably frequent, yet how few, very few cases have been presented, comparatively speaking, which in the least degree conflict with the original proposition above recited. Senex instances but one; and Dr. Woodward, although "fully believing that the use of tobacco is to promote rather than prevent the disease in question," and thought, in his first communication, "that of the *numerous* patients who had applied to him for advice, or whose cases had come to his knowledge, quite a *large proportion* used tobacco," cites, in his last communication, but *three* cases in support of his declarations, and two of the three (one of which, says he, "occurred since this communication was transmitted to the editor") had only "*some apprehension* that tobacco had to do as the cause of their disease." Then, again, the case of Judge Reeve (admitting "the loss of voice" to result from the disease in question, which I very much doubt, it being unaccompanied by local irritation, and believing it to be simply the effect of an atony of the vocal organs, from age or other constitutional cause, probably partial paralysis of the recurrents), is not conclusive, as it is stated that "in early and middle life only was he in the habit of smoking;" whereas he lost his voice at sixty. That he changed to snuff-taking has nothing to do with the question as originally stated; I never alluded to that practice but to condemn it altogether in public speakers.

Thus much for your correspondent's direct evidence from "numerous cases." But premising that no one is in doubt as to the sensible properties of tobacco, let us in a medical point review Dr. W.'s quotations from old authors, and, bating the possibility "that their opinions may have been given upon few data and without the reflection that is desirable for those whose views on this subject may have an extensive influence upon the habits of mankind," they were unquestionably uttered under the universal prejudice that exists (and, as a general remark, with much propriety) against the indiscriminate use by all, as a luxury, of every species of narcotic or stimulant whatever. But, were their opinions deemed sound in their day? We know that the past quarter of a century has witnessed as great or greater fluctuations of opinion upon every day questions in dietetics and medicine, and among writers quite as eminent as those who have been alluded to. Compare the opinions of the most eminent writers "in this country and Europe" upon the pathology of that new interloper, cholera; or, if you please, scarlatina, as old as the hills (and it would seem as little understood as the former), and mark the discrepancy of view, the contrariety of treatment, by each recommended and pursued for the alleviation of their destructive ravages. How wonderfully have the views on insanity and its treatment changed within the past fifteen or twenty years.

Again, where now is the vaunted "humoral pathology" of Hippocrates and his eminent disciples Plato, Praxagoras, and others of the Pythagorean school, with its "four cardinal elements"? What now is thought of the mystical "number seven" of the dogmatic? What of the harmony of the "three sympathies"? What of the "eclectic" system of George Cheyne? the "Caducus Pulmonis" of Van Helmont? And among the moderns, where now the "lentor and viscidity" of Cullen, the "septon" of Mitchell, the "pulvidity of the fluids" of Hosack? Where the captivating system of John Brown, which, by the way, Rush so highly extolled? Where the "vagaries" of the imaginative "Darwin," with his amours of the plants? Gone with the age in which they flourished, as have the vain and fruitless researches of the alchemist and the fascinating forebodings of the wily soothsayer. What, now, of yellow fever, and its contagiousness? Why, believed we the eminent writers and philosophers of an age not far remote, even "European authority," the blood did not circulate in our systems, as we know that it does now-a-days! And so potent is prejudice, that no physician of the day, over forty-five years of age, would yield assent to the theory, even after the lucid and positive public demonstrations by the author of that great discovery. How recent Bell's promulgation of the wonderful physiology of the spinal nerves? Again, the Ptolemean system was well sustained until it was overthrown by one more strictly true, the Copernican.

Credat Judeus, seventy-five physicians of Boston "declare it [in 1836] as their opinion" (and *me judice* very properly so) "that men in health are never benefited by the use of ardent spirits." Yet how many, aye metropolitan, not an eighth of a century since, prescribed alcohol in its various forms to the aged and to those of equivocal stomachs as a life-protracting beverage, and useful renovator of the vital powers—a charming cordial! How few now ever do, although the practice is claimed to be sustained by scriptural authority; in fact, do any so dare, save honest "Senex"? True, high authority exists in favor of the prescription, if we "cite the opinions of the ablest and most distinguished medical men and philosophers of Europe." Asclepiades declared that "wine is an incomparable drink and a divine remedy," and the "immortal Hoffman" "cures very happily with wine many fevers, the acid in its composition assisting largely to develope its healthful activity." But I will not multiply instances. Does experience, that unerring test, prove the practice to be true and safe? No. Who now sings the praises of the "generous Falernian"—the flowing bowl—the healthful cordial—or toasts other than the "oaken bucket"? "*Tempora mutantur et nos mutamur*," &c. In truth, antiquated opinions are ever on the change, and so they ought to be; thus giving place to those based upon more observation and experience and less prejudice.

Now it is not pretended that tobacco is infallible in the cases in question, nor is mercury in syphilis, or bark in intermittents; but, as a general law, each will obtain as curatives. Whether "its use for years [and I grant the habit disgusting, although '*bewitching*'] has destroyed more valuable lives or broken down the health of more useful members of society than have been sufferers from the complaint in question up to the present time, or than there will ever be hereafter," others who have less faith and experience in its prophylactic and sanative properties may decide. My observations thus far compel me to withhold my adhesion to the declaration, I had almost said declamation.

One word touching the "tendency to *intemperance*" which the use of tobacco is said by your correspondent to superinduce. What people, as a nation, use more of the article, in its various forms, than the Hollanders? yet a recent traveller through that country has had the temerity to say, that "nothing can exceed the cleanliness, the personal propriety, and the apparent comfort, of the people of Holland. I did not see," says he, "a house or a fence out of repair, or a garden that was not carefully cultivated. We met no ragged or dirty persons, *nor any drunken men, neither did I see any indication that drunkenness is the vice of any portion of the people*." Again, the Spanish West Indian is not less famed than the Hollander for the use of "the weed," nor less so for strict sobriety and all those kindly hospitalities which serve to render life desirable and happy. The fact is that most of the philippics upon tobacco are, and have been, uttered under the influence of sheer prejudice against its use, and are not consonant with its statistical results, of which I propose to treat at some leisure moment, if yourself and readers are not already satiated with the discussion.

In addition to the negative, already cited in my original communication—and which ought to have been conclusive in favor of the use of tobacco under certain circumstances—I will just add briefly three cases of positive evidence which have come to my knowledge, either personally or by letter, of its decidedly beneficial effects as a curative as well as preventive; having made it a point of duty to write to every individual whose *name* has been learned by me, either directly or indirectly, as suffering from the disease, and yet a reputed tobacco user.

One clergyman states that he formerly used the cigar, but upon assuming his professional office, for certain reasons unconnected with health, having discontinued smoking, his throat subsequently was affected, incapacitating him for public speaking, but having resumed his accustomed habit, has now no further trouble.

Another, in a neighboring city, whose case was represented to me by a friend, and with much exultation as decidedly in conflict with my proposition, was addressed, and an answer promptly received; from which I deduce the following facts—that my correspondent was a great smoker until three or four years since, when he suddenly left off for a year, then again resumed the habit; that it was during the *period of abstinence* from smoking that his throat became affected, and that on the resumption of the practice his throat gave him no further annoyance. The disease was therefore, it would seem, not only prevented, but cured by the use of the cigar. Still farther, that the habit was not discontinued because it injured his health, but for causes wholly unconnected therewith.

A third case is that of another clergyman (of whom more anon), who had in vain tried eminent medical skill, absence for awhile in Europe under constant attention, &c., and upon returning in absolute despair, takes up the use of the cigar by recommendation, and is now safely restored.

I forbear to extend further this communication, and will simply subscribe myself Yours, &c.,

Providence, June 12th, 1839. J. Mauran.

"THE MINISTER'S AIL."

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I believe, with the editor of the Southern Medical and Surgical Journal, as quoted by you in this week's No. of the Journal, that "The claims of humanity are high; and in no instance more so than when preferred by the suffering clergy." The novelty of your suggestions on this disease has had the desired effect to call the attention of practitioners to it. But, unfortunately, no two writers agree in the etiology of the disease.

Whether its cause and prevalence arise from the "disuse of tobacco;" "to the disuse of stimulating diet and drink;" "to excessive speaking;" "to the use of cold water during this exercise;" to the "chilling walls at the back of pulpits against which clergymen often rest the upper part of the back, immediately after the exercise of preaching"—or, permit me to add, to the various exciting causes of dyspepsia or chronic inflammation of the mucous membrane of the primæ viæ, can only be determined by statistical facts. Now we want these facts—all which have a bearing on the disease, and nothing but the facts;—not opinions, which must in most instances have been formed from too limited observations. How shall these facts be obtained? Permit me to suggest this method:—Invite some one physician or minister in each town in the New England States to send you, or some other individual, a short history of the ministers of the town where he resides, in health and disease, from its first settlement, or during fifty years past.

The following questions would show, in part at least, what is wanted to obtain a full knowledge of the disease, its causes and remedies. How many years have your ministers preached in health? How often have they usually preached on the Sabbath and during the week? What have been their habits of living—in respect to exercise, diet, tobacco and other narcotics? What have been their diseases? What their remedies? Their success? Cured, or fatal?

The answers to these questions, and other facts which they might elicit, when condensed and embodied, would present proper data on which to form opinions as to the causes and remedies of this disease.

The writer feels not only an interest in common with members of the profession, but this interest is greatly increased from the fact that his brother, a pastor of a large church and society in a town in Massachusetts, in the prime of life, has, for about two years, been unable to perform the services of the pulpit, on account of this disease, bronchitis.

Should this proposition meet your approbation, I tender you my address, as *post master*, to receive such communications; and services, if you please, to condense and prepare them in such a tabular form as would be convenient for the columns of your Journal.

Jaffrey, N. H., June 28, 1839. Yours truly,
LUKE HOWE.

INFLUENCE OF TOBACCO ON LONGEVITY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—A strong desire is now expressed in your Journal to ascertain, from facts, the effect of tobacco in any of its forms on the health of the community. That effect can be best ascertained by the number of cases brought forward, where persons have arrived at an advanced age who have, for the greater part of their lives, been in the constant use of the article, in some form or other. Even if these cases should prove to be in number the smallest, and considered only as exceptions to a general rule, still it will prove this fact, that tobacco is not always detrimental to the operations of nature, however disgusting and filthy the practice may be. It would be desirable for physicians to ascertain, in their circle of practice, how many cases of those who have arrived to the age of seventy and upwards, have, for a series of years, constantly used tobacco in some of its forms, and a statement as to their general health during an acquaintance with them. I feel very confident (setting aside prejudice, which governs too many in giving their opinions) that much the largest proportion of cases will be found who are addicted to what many consider a vile and unhealthy practice.

The object of this communication is to cite a marked case, to which I was called on the 21st inst., of a lady in an adjoining town, of the advanced age of 101 years last month, who has been for the last sixty years in the daily habit of smoking a pipe. In getting from her bed, the morning I was called, she fell and injured her hip, so as to cause much pain, and excite fears with the family that her hip was dislocated or fractured. On examination I could find no derangement of bones, but ascertained a paralytic affection of the left side, though slight. For the last few days her son observed she had not resorted to her pipe as often as usual, though in other respects she was as well as ever. She has been in the habit of smoking her pipe before breakfast—after breakfast—at about half past 10 o'clock—after dinner—in the afternoon—after tea—and I think, though am not certain, before retiring for the night. Her flesh feels hard ; she is of a full habit, more so than women generally are at the age of seventy. Her son's wife has resided with her for twenty-one years, and says she has never taken medicine except once some animal oil for a cough, and a few times a laxative of thoroughwort, &c., prepared by the family. She has been very regular in her habits, having stated times for her food, and always a certain quantity, without any regard to the kind of food prepared for her.

On learning a history of this case, I made inquiries to learn the history of all the cases in this town of those who had arrived to the age of seventy and upwards, and have found only one instance of either male or female who had not been in the practice of using tobacco, either in form of snuff, chewing or smoking, and often all three combined. The bills of mortality for this town are, I believe, as small as any in the Union of the same number of inhabitants, and I am confident no place can be found where so much tobacco is consumed, both by young and old.

From Dr. Mauran's statement, one of our clergymen has commenced smoking for an affection of the throat. The result may at some future time be communicated. A. G.

Warren, R. I., June 29, 1839.

MALARIA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—About the time the selection of a site for the lunatic asylum of the State was made, I was in conversation with a gentleman, whose opinion probably decided the choice of Worcester in preference to South Boston among other proposed places. He asked my opinion, as a physician, whether the flats around South Boston were not an objection to it as an abode for the sick. I told him, other things being equal, the fact that exposure to the sun and air of so large a surface of moist mud twice every 24 hours, was reason enough for choosing a site more inland. Medical writers, I believe, agree that the most dangerous point of the exposure is at the junction of land and water, or where the uncovering of the mud takes place. Macculloch, some years ago, described the numerous ills flesh inherits or receives from malaria; and recently I find in the Lancet (Feb. 23 and March 2 and 9, 1839) Dr. J. Johnson's opinion on the subject, an extract from which would enlighten our citizens and city government. But my purpose is to propose, a second time, the inquiry what it would cost to take off all the flats, till the lowest tide left the ground covered with water, within one mile of the shores of E. Boston, Boston, and Dorchester. The beautiful bay above South Boston Old Bridge would be a charming spot, provided the mud was taken off for a foot or two in depth, and the new establishments of the city near Dorchester Heights, as well as the Blind Asylum, would be benefited by removing so much malaria and moisture. Two or three of the benevolent persons who occasionally drop their thousands into the charities of the State and city, could do a great service to the public, and perhaps to medical art, by proving, by a bold and extensive experiment, the good effects of having no surface round us but dry soil or flowing water. Any person who would cause a survey to be made would do much towards its accomplishment. M.D.

June 30, 1839.

NON-CONTAGIOUSNESS OF SCARLATINA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—If you think the following table worthy of publication, it is at your service for that purpose.

Family.	Whole No.		Attacks.	
	Adults.	Childr.	Adults.	Childr.
P. W. - - - -	2	6	1	4
J. W. - - - -	2	2		1
M. P. B. - - -	3	3		2
F. H. - - - -	4	2		1
S. B. - - - -	3	3		2
Mrs. P. - - -	3		1	
J. D. - - - -	10	2		1
H. D. - - - -	3	2		1
Mrs. P. - - -	2		1	
	32	20	3	12

The above table was constructed, from cases occurring since the commencement of the present year, to show that a large majority of those exposed to the contagion of scarlatina escape without an attack, when no prophylactic means are put in requisition. May not the protection supposed to be conferred by the use of belladonna be accounted for in the same way?

Will some of your correspondents who have made use of this article as a prophylactic agent in scarlatina, give us the result of their experience upon the subject. Respectfully yours,

Danvers, New Mills, July 1st, 1839. Eben. Hunt.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 10, 1839.

DICTIONARY OF MEDICAL SCIENCE.

Messrs. Lea & Blanchard, of Philadelphia, have published a second edition of this exceedingly useful book, by that indefatigable author, Robley Dunglison, M.D. The reputation of the work has always been high, and the encouragement has been such as to require more copies in the market to supply the demand. One of the advantages which Dr. Dunglison's possesses over other medical dictionaries is that, as expressed on the title page, it contains a concise account of the various subjects and terms, with a vocabulary of synonymes in different languages, and formulæ for various officinal and empirical preparations; so that the student, who is to be especially benefited by making the new dictionary his constant table companion, could not have anything to compare with it. Every medical reader also feels the necessity of having constantly before him a lexicon that is sufficiently copious.

The authors of dictionaries are very rarely appreciated: theirs is a labor of a peculiar kind, in which there is neither an opportunity for exhibiting literary power in the way most persons expect it, nor can they impress the public with a conviction of the obligations the community is under to them for anything they may have done for literature. Still, no one will pretend to deny that to analyze each word of a living or dead language, or trace out the nice relationship of terms in a nomenclature of any of the sciences, requires vast resources, and therefore presupposes a most finished and accurate species of scholarship.

It is wholly unnecessary, we apprehend, to enter into a long or formal statement of the fact, that Dr. Dunglison's dictionary, from the first day of its appearance, has been regarded with peculiar favor. And we have now a revised edition, constructed under the immediate eye of the author, who is most favorably circumstanced for adding to the previous edition whatever could give it additional claims on the score of accuracy. There are *eight hundred and twenty-one* pages, large octavo, in double columns, distinct type, of which no one ought to complain. Finally, although most of our readers may be owners of the first edition, we cordially and conscientiously recommend to all future purchasers to procure this in preference to any medical lexicon extant. Its true and sterling value, as a key to medical science, and its moderate price, are so many common-sense recommendations which should not be forgotten.

FIELDS FOR MEDICAL ENTERPRISE.

It is a curious, and at the same time an important fact, of which all foreign missionaries are apprised, that surgeons and physicians may safely reside in all the islands of the Malayan Archipelago, in Burmah and Siam, and the extensive maritime borders of the Chinese empire. Should a skilful and successful practitioner, after having become known by his benevolent efforts, attempt to effect a permanent residence in any of the northern or eastern ports, the inhabitants would see it to be their interest, says Mr. Medhurst, to screen and shelter him; and the probability is, that he would be left unmolested longer than those whose objects are more directly missionary. For though the law which excludes the preacher, operates equally against the practitioner, yet the incipient departure from the letter of the enactment would be more likely to take place in the case of a dispenser of health, than the reformer of morals; simply because the Chinese, especially, feel their need in the one case, and not in the other. It is important for the friends of foreign missions to reflect upon this point, and make proper exertions to secure the active co-operation of the multitude of medical graduates in the United States, who hardly know where to place the soles of their feet. Without any reference to a connection with missionary enterprises, there are several countries to which the surplus number of young physicians might emigrate, for ten or twelve years only, and perhaps actually realize a larger property in that time, from professional efforts alone, than could be gathered in the overstocked land of medicals, in a successful practice of forty years. Turkey presents the most encouraging prospects—life and property being protected as vigilantly as in this or any other civilized country. Even the Turkish navy, alone, would give employment to hundreds. Egypt is another splendid field, where an American physician would do well, in almost any of the cities, or have immediate employment in the Pasha's army or navy. Clot Bey, the manager of the medical school at Cairo, cannot educate native youths fast enough to meet the demand.

Finally, several of the West India Islands and many parts of South America, hail the arrival of a physician as an act of special Providence. Even Hayti offers a good degree of encouragement, worth seeking. A Boston physician, who has been established there about twelve years, enjoys peculiar privileges, and from the quantity of coffee he has shipped, almost from the first day of his arrival, seems to have been well compensated for his services. Two young, ambitious, admirably qualified physicians leave this city in the course of a few weeks for the same productive island—where, under the mild sky of St. Domingo, and the equitable government of President Boyer, we doubt not they will acquire both reputation and fortune in less than a life-time. These hints are designed for those who are looking about almost in despair of finding a theatre on which to play the outs and ins of professional life.

Medical Convention of Ohio.—A report of the proceedings of a convention of practitionors of medicine and surgery of Ohio, at Cleveland, in May last, together with a catalogue of officers and the address of the late president, Dr. Hildreth, of Marietta, will receive further notice. It will be recollected that there is no regularly organized medical Society in the State, but it is pleasant to know that measures are in progress to bring about that desirable object.

Restoration of Deformed Feet.—Dr. Warner, of Richmond, Virg., is remarkably successful in his operations for the perfect restoration of club-feet. Several surgeons have of late turned their attention towards this long-neglected branch of surgery, with the happiest results. In Boston the operation has become quite common, and as far as we can ascertain, as successful, in every respect, as in any country of Europe.

Vermont Medical College.—At the recent annual commencement of this institution, at Woodstock, the degree of M.D. was conferred upon 14 graduates, and the honorary degree of M.D. upon Ptolemy Edson, of Chester, Vt.; Timothy Gridley, of Amherst, Mass.; Otis Jenks, of Melbourne, L. C.; and M. Morrin, of Quebec, L. C.

The number of students who attended the course of lectures was 80.

College of Physicians and Surgeons, New York.—Dr. Delafield, Professor of Midwifery, and Dr. Alban Gold-Smith, Professor of Surgery, have resigned their professorships in the College.

Dr. Robert Watts, Jr., of this city, has been appointed Professor of Descriptive Anatomy. This appointment, we believe, will give universal satisfaction to the profession. Dr. W. has already passed the *ordeal* of Lecturer on Anatomy; in which capacity he gave evidence of uncommon talent. Dr. W. Parker, of Cincinnati, has been appointed Lecturer on Surgery, and Dr. J. R. Manley, of this city, Lecturer on Midwifery. The new practice of appointing men as lecturers, before establishing them as professors, is a vast improvement upon the old plan. But it is not equal to the mode by *concours.—N. Y. Jour. of Med. and Surg.*

Dr. Paine's New Work.—The Medical and Physiological Commentaries, by Dr. Paine, are now in press, and will be published some time during the ensuing season. From our personal knowledge of Dr. Paine as an acute and independent observer, from his extensive acquaintance with the literature of the profession, as well as from his high standing as a practitioner, we have every reason to believe that his forthcoming work, constituting two large octavo volumes, will be one of no ordinary interest. The subjects to be examined in it, as stated in the prospectus, relate to obscure and controverted questions in pathology, and embrace a critical review of some of the most important doctrines in physiology and medicine.—*Ibid.*

Dr. Stewart's Translations.—Dr. James Stewart, of this city, has now in press, a translation of Billard's well known and valuable work on the Diseases of Infants. He is also preparing a translation of M. Berton's work on the Diseases of Children. This, like the former work, is founded on extensive clinical, physiological, and anatomical observations; and is intended to extend the system adopted by M. Billard, to the whole period of childhood, from the time of dentition up to the age of puberty.—*Ibid.*

Medical Staff of the U. S. Army.—At a meeting of the board of Medical Examiners in a session at Baltimore, on the 14th of June, Drs. James W. Russel, of the State of New York; Henry H. Steiner, of Pennsylvania; John C. Glen, South Carolina; Henry E. Cruttenden, District of Columbia; and James Simons, South Carolina, were admitted as assistant surgeons. Drs. J. B. Wright, John B. Wells, and Burton Randall, at another meeting of the board on the 17th of the same month, were raised to surgeons. Subsequently, Drs. John B. Porter and H. L. Heiskell were also made surgeons.

For the mode of making application for the commission of surgeon either in the army or navy of the United States, the reader is referred to the 16th page of the American Medical Almanac of the present year.

Health of Havana.—Recent accounts from Cuba make reference to the public health. The island has not been visited for a long time by an epidemic, and at Havana, especially, it is represented to be as healthy as in any country town in the United States. This shows the good results of attending to what is appropriately called the health police of a city. Formerly Havana was designated the grave of sailors, and now it has become a delightful residence for those in pursuit of health. New Orleans and Charleston, which were threatened with the old scourge of yellow fever, appear to have been unnecessarily alarmed.

Dr. Howe's Questions.—Readers are particularly referred to a series of questions, in another part of this day's Journal, by Dr. Howe, a very worthy practitioner of Jaffrey, N. H., who has proposed an excellent plan for collecting the facts in relation to the use of tobacco, and its effects on the vocal organs of clergymen. Being post-master of the town, he kindly offers to receive all communications that may be sent him in his official capacity, which are intended to be arranged, finally, in a tabular form, and published. Our correspondents are reminded of the importance of deciding a point which has become a mooted question. Those who find it more convenient to forward their papers to this office, may do so.

Medical Society.—An association, auxiliary to the Massachusetts Medical Society, was organized at New Bedford on Wednesday last, at a convention of the Fellows of that Society from the counties of Bristol, Nantucket, Dukes County and a part of Plymouth. It is called the " Southern District Medical Society." The following are its officers for the current year: Wm. C. Whittredge, of New Bedford, President; P. Mackie, of Wareham, and A. Glazier, of Fall River, Vice Presidents; S. Sawyer, of Fairhaven, Secretary; Paul Spooner, of New Bedford, Treasurer; W. R. Wells, of do., Librarian. The first annual discourse is by appointment to be delivered by Dr. Whittredge in May next; and the semi-annual medical communications for discussion are to be read in November next, by W. A. Gordon, of Taunton, and S. Mayhew, of New Bedford.—*Nantucket Inquirer.*

Medical Miscellany.—Dr. Simmons, physician of the port of Charleston, S. C., announced lately the existence of three cases of genuine yellow fever, imported from Havana.—A negro, in Cincinnati, fell down dead in consequence of the shock given to his nervous system on being threatened with a flogging; it is said not to be an uncommon occurrence. —Mr. Nathan B. Jewett, a mechanic of Amesbury, still insists that he is the sole and exclusive inventor of the curious tooth instrument, heretofore referred to as the invention of Dr. Gale, of that town. The parties ought to adjust the controversy, by amicable means, at once.—Sir James Clark has at length been dismissed by the Court. He asked leave to travel a short time, and permission was granted. The truth is, his rude attack upon the honor of Lady Flora Hastings caused him to be cut in almost every circle; and for his own peace of mind it was necessary for him to retire.—The Western Journal of the Medical and Physical Sciences has been discontinued, we understand, at least for the present. We suspect the Transylvania Journal has shared the same fate, as no number has been received here for many months. If so, there is now no medical journal published in the western or south-western States.—There were but three deaths in the city of Salem during the month of June last—one of dropsy, one of consumption, and one of old age.—Dr. G. S. Bedford, of the city of New York, has been appointed Professor of Obstetrics in the Albany Medical College.—No election of physician to the public institutions at South Boston, has yet been made.—Deaths in Philadelphia last week, 122—six less than in New York.—Dr. A. H. Stevens has resigned his situation as one of the attending surgeons of the New York Hospital, which situation he has held for more than twenty years.

MARRIED,—In Westford, Mass., Dr. Theodore Wells, to Miss Sarah E. C. Peabody.—Dr. Wm. Graves, of Lowell, to Mrs. Mary Wood.—At Mardisville, Ala., Dr. Benjamin M. Smith, of Geo., to Miss Nancy M., daughter of Dr. C. W. Chandler, of Andover, Vt.

DIED,—At Milton, Mass., Dr. Samuel P. Glover, a surgeon of the revolutionary army, 86.—At Hartford, Ct. Dr. John D. Russ, 29.

Whole number of deaths in Boston for the week ending July 6, 30. Males, 13—females, 17.
Of consumption, 2—debility, 1—scarlet fever, 4—worms, 1—old age, 2—infantile, 2—peritonitis, 1—disease of the heart, 1—dropsy, 2—casualty, 2—apoplexy, 1—paralysis, 1—dropsy in the head, 1—dropsy on the brain, 1—bilious colic, 1—inflammation of the throat, 1—cancer of breast, 1—stillborn, 3.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1839. June.		THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
		Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.			H'st	L'st	
1	Satur.	47	51	50	29.10	29.14	29.20	N E	Rain	44	58	
2	Sun.	46	59	52	29.21	29.23	29.20	N W	Showery	44	63	Prussian Rose in blossom.
3	Mon.	48	62	56	29.20	29.25	29.26	S	Cloudy	48	65	Lyringa in blossom.
4	Tues.	51	64	57	29.30	29.38	29.40	S E	Cloudy	50	69	
5	Wed.	49	51	49	29.33	29.20	29.14	N E	Rain	48	52	
6	Thur.	49	62	56	29.10	29.19	29.26	N W	Cloudy	51	63	
7	Frid.	52	74	69	29.38	29.49	29.54	S E	Clear	58	74	
8	Satur.	56	76	68	29.58	29.58	29.44	S	Clear	65	78	Snow berry in blossom.
9	Sun.	62	77	71	29.27	29.19	29.10	S	Cloudy	68	79	Frequent showers.
10	Mon.	59	74	71	29.05	29.13	29.19	N W	Clear	67	76	High wind. Corydalis in blossom.
11	Tues.	65	74	67	29.14	29.15	29.18	N W	Cloudy	64	72	Showers. Burgundy Rose in blos.
12	Wed.	48	66	59	29.27	29.34	29.36	N W	Cloudy	47	63	
13	Thur.	46	58	52	29.34	29.20	29.13	N	Cloudy	42	65	Frost.
14	Frid.	46	70	64	29.22	29.33	29.32	N W	Clear	46	71	
15	Satur.	54	75	64	29.32	29.29	29.23	S E	Clear	50	75	
16	Sun.	56	62	52	29.04	29.07	29.12	N W	Clear	53	63	Squally.
17	Mon.	49	69	68	29.10	29.27	29.30	N W	Clear	48	72	
18	Tues.	59	70	64	29.33	29.25	29.09	S W	Clear	55	76	
19	Wed.	55	63	58	29.02	29.14	29.23	N W	Clear	54	64	High wind.
20	Thur.	50	74	67	29.21	29.28	29.28	S W	Clear	47	73	
21	Frid.	58	82	70	29.23	29.20	29.21	S W	Clear	58	82	
22	Satur.	56	60	62	29.13	29.10	29.14	N E	Rain	54	64	
23	Sun	55	72	64	29.18	29.27	29.32	N W	Clear	56	70	
24	Mon.	50	65	60	29.35	29.45	29.43	W	Rain	50	69	
25	Tues.	57	75	68	29.42	29.44	29.48	N W	Clear	56	76	
26	Wed.	52	78	72	29.48	29.51	29.50	N W	Clear	52	79	
27	Thur.	58	80	70	29.44	29.43	29.40	S	Clear	56	80	
28	Frid.	60	60	57	29.31	29.20	29.18	N E	Rain	57	62	
29	Satur.	58	76	70	29.20	29.28	29.30	N W	Clear	56	79	
30	Sun.	59	76	70	29.40	29.51	29.56	N W	Clear			

The month of June has been a cold, wet month, and vegetation has advanced slowly. The thermometer has once risen to 82°, and has been as low as 42°. There has been one frost, which did little or no damage. The range of the barometer has been from 29.02 to 29.58. Although the weather is cool, the season is prosperous, and the crops generally look well, although backward.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual course of Lectures in this Institution will commence the 8th of August, 1839, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, M.D.
Chemistry, Botany, and Natural Philosophy, by	C. DEWEY, M.D.
Pathological Anatomy and Materia Medica, by	ELISHA BARTLETT, M.D.
Anatomy and Physiology, by	ROBERT WATTS, M.D.
Surgery, by	WILLARD PARKER, M.D.

Fee for the course of lectures, $50; fee for those who have already attended two full courses at an incorporated medical school, $10; graduation fee, $18; board, including room-rent and lodging, as at other country institutions. Library fee, according to the number of books taken out.

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Jy 3— *By order of the Faculty,* ROBERT WATTS, JR., M.D., *Dean.*

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

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Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839. 2am6m

MEDICAL LECTURES: DARTMOUTH COLLEGE.

THE annual course of Lectures in the New Hampshire Medical Institution will commence at Hanover on Thursday, the 8th of August, 1839, and be continued 14 weeks, by the following members of the faculty.

JOHN DELAMATER, M.D., Professor of Materia Medica, Obstetrics, and Diseases of Women and Children.
STEPHEN W. WILLIAMS, M.D., Lecturer on Medical Botany and Medical Jurisprudence.
DIXI CROSBY, M.D., Professor of Surgery and Surgical Anatomy.
ELISHA BARTLETT, M.D., Professor of Theory and Practice of Physic and Pathological Anatomy.
OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.
OLIVER WENDELL HOLMES, M.D., Professor of Anatomy and Physiology.
F. A. EDDY, A.M., Demonstrator of Anatomy.

Fees for the course, $50,00. Matriculation, $3,00. Graduating expenses, $18,00.

OLIVER P. HUBBARD, *Secretary.*

Hanover, N. H., June, 1839. June 26—3t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid,* without which no letter will be taken from the post office. June 19

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—cop1y WILLIAM BROWN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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BRIEF RULES FOR EXPLORATION OF THE CHEST, IN DISEASES OF THE LUNGS AND HEART.

BY JACOB BIGELOW, M.D., PHYSICIAN AND LECTURER ON CLINICAL MEDICINE AT THE MASSACHUSETTS GENERAL HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

Since the discoveries of Laennec, which have constituted the most important acquisition which medical science has received during the present century, various treatises of a general or partial character have appeared, on the subject of exploration of the chest. Although the experience of more than twenty years has tended to confirm rather than invalidate almost all the laws established by that distinguished man, yet a good deal of refinement and of modification has been introduced into this branch of science by some of the more voluminous writers on the subjects which it comprehends. Many physicians and students, it is apprehended, are on this account deterred from making themselves familiar with the fundamental principles of an art, without which no accurate knowledge can be obtained of the nature or degree of thoracic diseases.

For this reason it has appeared to me that a brief and intelligible exposition of the more essential laws of this art, as it is practised at the present day, would not be unacceptable to a large part of the medical profession. Such rules at least are more easy of remembrance and of application, than the extended discussions of more diffuse writers.

In the physical exploration of the chest, a series of problems for solution is presented to our attention by the external phenomena of that part of the body. Each of these phenomena is a sign bearing a fixed and definite relation to some particular conditions of the internal organs. By a correct interpretation and comparison of these signs, we arrive at a knowledge of the state of the organs, whether in health or disease, which without them it would be impossible to obtain.

Of the Examination of Shape.—In perfect health the chest is for the most part symmetrical and equally proportioned. In disease certain changes of form are liable to take place, and to these it is necessary that the observer should direct his attention. The patient to be examined should sit erect, in a warm room, with his chest uncovered, and the arms down in similar positions. He should be placed directly opposite to a front light, since unequal or side lights produce deceptive impressions in the comparison of prominent or depressed surfaces. The following circumstances should then be observed, and the inferences resulting from them should be tested by the other modes of exploration.

If one shoulder, including the scapula, is constantly raised, it may proceed from curvature of the spine, from pleuritic effusion, pneumothorax, or more rarely from an internal tumor. If the spaces above and below the clavicles, or those between the ribs, project on one side more than is natural, we may suspect emphysema, pleurisy, or pneumothorax, on that side. If the same spaces be preternaturally depressed, there are frequently old adhesions of the pleura underneath them, with sometimes cicatrized cavities, in the lung; or the lung, after being compressed by disease, may not have recovered its due dilatation. A prominence in the region of the heart is natural in some persons. When preternaturally great, if it be pear-shaped, with its perpendicular diameter longest, it should lead us to suspect pericarditis. If it be oval and transverse, there may be hypertrophy of the heart. But these characters are by no means constant. Various irregularities in the conformation of the chest, arise from softness or other change of the bones in rickety constitutions, and they may also take place in some persons, especially children, without any important disease.

The sides of the chest may be successively measured by carrying a string or tape from the middle of the sternum to the spinous process of the vertebra, below the nipple, or on the level of the greatest apparent projection. If one side is found decidedly larger than the other, there is reason to apprehend the effusion of fluid, or less frequently of air, into the cavity of the pleura; or the enlargement or morbid growth of some internal part.

Of Percussion.—The art of percussion is founded on the familiar fact that a hollow body resounds when struck, while a full body does not. Thus in percussing a cask, or the inner wall of a house, we can decide whether it is empty or filled up, and in most instances can determine where the vacant space begins or ends. Percussion is employed in medical practice to indicate the condition of that part of the body which is immediately within the point percussed. Any portion submitted to this test, will sound more or less hollow, in proportion as air, or a denser substance, predominates in the spot upon which percussion is made.

As it is sometimes painful to the patient to percuss directly upon the surface of the body, it is now common to employ an intermediate substance, called a pleximeter, to receive the impulse of the blow. Various pleximeters have been employed, made of ivory, wood, and India rubber. But one of the most convenient is the finger of the hand of the operator which is not in use, laid firmly and flat on the surface which is to be percussed. It may be variously turned, at the discretion of the operator, to fit the different curvatures of the chest. But in comparing corresponding parts, care should be taken that the finger used as a pleximeter should be placed at the same angle, upon each part, and that it be held upon it with equal pressure. For want of attention to this point, important mistakes are committed.

Percussion is commonly performed with the ends of all the fingers at once, holding them so that the last phalanx shall be perpendicular to the surface percussed. A single finger answers the purpose in many cases. The stroke, or tap, should be short and quick, since in this way the clearest sound is elicited. Percussion requires to be repeated with different degrees of force, in estimating the seat of morbid changes. For superficial affections, slight percussion is sufficient; but to elicit the modifications of sound which belong to deep-seated changes, more forcible percussion is needed. It is desirable, however, not to give pain to the patient in any case.

Some inconvenience is experienced from the disadvantageous position, when we percuss surfaces of different obliquity, and especially on the side next the operator. To obviate this difficulty, I have used, in the Massachusetts General Hospital, for the last three years, a *percussor* formed of an elastic ball of woollen yarn, covered with velvet, about an inch and three quarters in diameter, with a handle five inches long. This instrument has the advantage of great freedom of motion, as evinced by the circumstance that the operator may percuss with it any part of his own chest. It has also the mechanical advantage, that the centre of percussion falls within the percussing part, which is not the case when the hand is used. Its use is attended with much more despatch than that of the fingers, and the sound of one may be employed to test that of the other. The tone varies in proportion to the hardness or softness of the ball, in regard to which a medium is best. It is carried inserted in a stethoscope, the ear-piece of which, if thickened and used edgewise, makes a good pleximeter, more convenient to hold than any other.

For the satisfactory performance of percussion, the patient, if able, should sit up, either uncovered or with a single thickness of covering. It is essential, when opposite sides are to be percussed, that their position and covering should be similar, to enable us to form a just comparison. While the anterior surface is percussed, the patient should sit erect, with the shoulders back, and both arms in the same position. When the posterior surface is percussed, he should fold the arms and stoop forward. A child is most conveniently examined lying over the nurse's shoulder. To facilitate percussion under the axillæ, the arms should be raised over the head. When the patient is too sick to sit up, the operation becomes more difficult. Still we are able to percuss the anterior and lateral parts, and if the patient can turn upon his sides, the back also becomes accessible.

In health the percussion is most resonant where there is most lung, and the least integument, muscle or bone. It is therefore most sonorous in the axillæ, and in the inferior regions of the chest. It is somewhat less so below the clavicles, and still less so upon and above them. It is dull upon the spine and the scapulæ, and somewhat so upon the mammæ and pectoral muscles. Yet these latter give a sufficient sound, if properly compressed by the pleximeter.

The two sides of the chest should sound alike in healthy persons, with the exception that the part of the left side occupied by the heart gives a duller sound than the corresponding part of the right side. This portion, called the præcordial region, extends from the middle of the sternum to the left nipple, and from the base of the chest, obliquely to the junction of the sternum with the third or fourth rib. A source of inequality is found in the lower part of the left chest, from its proximity to the stomach, in consequence of which it becomes resonant when that organ is distended with gas. But in this case the sound is peculiarly sharp and tense, having the tone which Piorry has denominated *stomachal* resonance. The right side, also, at its lower part emits a duller sound, from the proximity of the liver. With the foregoing exceptions, the healthy chest should sound alike, or nearly so, on the corresponding parts of opposite sides. And if there be a constant and evident difference in the sound elicited by percussion from the two sides, we are justified in inferring that one side or the other is a seat of disease. In estimating the results of percussion, we should not compare different individuals with each other, except in cases of great peculiarity, for perhaps no two individuals yield precisely the same sound, owing to the size of the chest, the amount of integument, &c. But the same individual may always be compared with himself.

Normal sounds are those which are naturally emitted by healthy persons under exploration. In disease the sound of percussion is liable to become *preternaturally* resonant on the one hand, or *dull* and *flat* on the other. The sound is termed preternatural, when the part percussed is more resonant than in health. If the resonance is excessive, it is called *tympanitic*. It exists in emphysema, in which disease the air vesicles are enlarged; also in pneumothorax, in which air exists in the cavity of the pleura.

The sound of percussion is termed *dull*, when the resonance of the chest is less than natural; and *flat*, when there is little or no resonance, the sound in this case resembling that which would be yielded by the fleshy part of a limb, if percussed. Dull and flat percussion are different degrees of the same thing, and take place when a portion of light vesicular lung is replaced by a denser body. This may be a foreign or different substance, such as an enlarged heart, a tumor, or an effused fluid; or it may be a portion of the lung itself consolidated by disease, as in hepatization, and tuberculous infiltration, the former occurring in pneumonia, the latter in phthisis.

If the chest emit a dull or flat sound, which shifts its relative position whenever the body is moved from one posture to another, always occupying the lowest situation, we may conclude that there is effused fluid, which by its own gravity seeks always the lowest level.

There is a peculiar sound sometimes heard in percussion, which is dull and jarring like that of a cracked earthen vessel, and called by the French *bruit de pot fêle*. It is best heard during expiration, and with the patient's mouth open. It occurs in phthisis, and indicates a cavity in the lung, immediately within the percussed part. The diagnosis is rendered more certain if on light percussion the part gives a dull sound. In rare cases the cracked sound is met with when the lungs are healthy.

(To be continued.)

EMBRYOTIC INFLUENCES.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Notwithstanding the hopes entertained that the "absurd notion" of an influence exerted by the imagination of the mother over the fœtus in utero, had long been exploded, and notwithstanding a writer in your Journal, two years ago,* "could not have imagined it to prejudice the mind of any man belonging to the medical profession, there still seems to be a vague suspicion lurking in the minds of some of the more illiterate members of said profession, that there is at least some foundation in fact for the origin of the prejudice or notion referred to. This suspicion betrays itself by an occasional blossoming of an old wive's tale amid the leaves of this and other journals, bedecked by preface and apology, as though its animating spirit was a *mens conscia recti et veritatis*, but mortally afraid of being disintegrated by the stilet thrusts of the scientific, or pelted down by the pills of the practical.

Two years ago, in the opinion of Dr. Goulding, an essay of this kind, in that enlightened age, required some notice. But since that period, whether large and repeated doses of animal magnetism have produced an insensibility to lesser stimulants in the minds of the faculty, or whether from a general and uniform acquiescence with Dr. G., that his essay afforded a satisfactory solution of all the embryotic problems that ever have been or will be offered to the public for many years to come, together with a sufficient castigation of the absurdities and weakmindedness of the illiterate members who dare to propose them, it is certain that a universal *tolerance* of similar communications has prevailed among the correspondents of the Journal to this day. Of this favorable disposition not to hear, nor to believe, but to be silent, I shall avail myself, to relate a couple of facts which lately fell under my observation, and accompany them with certain remarks which I conceive will tend to place the hypothesis in a position where it will be regarded as an object worthy of scientific investigation.

The facts are these. 1st. In the month of December, 1838, while visiting the hospital attached to the House of Industry at South Boston, by invitation of Dr. Palmer, the physician, I frequently saw a child, about a year old, with a mark on the cornea of the left eye. It consisted of a black spot with a white ring surrounding it, bearing so close a resemblance to the pupil of the eye and iris, that no one could avoid being struck with it at sight. It was nearly of the size of the natural pupil, and occupied the lower and outer quadrant of the cornea. The mother, whose name was Patten or Padding, gave the following account of it. For a year previous to the birth of the child she lived in the house with a woman whose name was Collins, who had, as she expressed it, a double sight to her eye; in other words, a mark, of which that on the eye of her own child was an exact resemblance, except that the woman's was a trifle nearer the centre or axis of the eye. To this woman the mother stated herself to have been strongly attached, and to have passed much time in her company. It was my intention to seek out the original, had I remained in Boston through the present season, for I considered the case so strongly marked as would set the question of embryotic influences forever at rest, could the woman's story be proved to be true. It may happen to some reader of the Journal to meet with her in the course of a professional tour, and he will then have it in his power to confirm or overthrow this statement.

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* Medical and Surgical Journal, Vol. XVI., page 347. Embryotic Influences, by Dr. Goulding.

2d. About the same time, or soon afterwards, I was called to visit a woman in South Boston, one of whose children had a hand with but four fingers, adhering together in two pairs nearly their whole length. The arm was a little crooked and small, while the other was uncommonly large and powerful. This woman also stated that for a number of months before the birth of her child, she was daily visited by a child with a similar hand and arm in all respects. Of this child she took much notice, and gave him food whenever he came to her house.

I might mention other remarkable cases which have been communicated to me by persons of credibility out of the profession. Of barberries which now ripen on a person's breast in the proper season for its kindred to ripen, which are green when they are green, and red when they are red; of a fatal case of smallpox which was communicated to the fœtus without the mother's becoming affected by it; of a woman who was frightened by her husband bringing into the room where she was, a young alligator, and who presented him, shortly afterwards, a near approximation to a living crocodile; of the settling of a minister with red hair over a parish within fifteen miles of Boston, and the presentation of thirteen candidates to the baptismal font with red hair within a single year; of all these and many more I choose to remain silent, partly because I have not seen these wonders myself, and partly because of the tales of scandal which they might provoke in this cold, uncharitable world. It is not, however, the fear of filling the mind of the delicate and sensitive female with "nightly imaginings of horror," which restrains me from speaking out more fully, for apart from the consideration that scarcely a woman can be found in the common walks of life who is not a believer in the superstition, more good than harm will grow out of the diffusion of the belief, from its being calculated to restore and preserve that peace and harmony in families, compared with the importance of which, the forebodings of an anxious mother lest her offspring may be deformed or marked, are unworthy of mention. For in the midst of doubts and fears, there are hopes. But it must be a hard-hearted and chilling philosophy that would, with a single stroke of the pen, expunge the stamp of conscious virtue from the brows of thirteen mothers of red-haired children, along with the pastor of his flock, whose only crime, perhaps, consisted in his arresting the attention and fixing too steadfastly the gaze of his hearers. Yet let Dr. Goulding ask himself whether, in his sympathy for the mothers about to be, he did not forget his charity for the mothers that are; whether in quoting the statement from Hunter with approbation, he was not (innocently no doubt) his aider and abettor, in a charge of a most libellous nature.

It may serve to throw light on the cause of these phenomena, granting them true—or if this is not conceded, it may help to render them more probable—to contemplate with them a series of facts which, however wonderful, are generally acknowledged by naturalists.

It has been clearly ascertained that the eggs of birds, in many instances, are colored like the surrounding objects among which they are deposited.* "Several hundred of examples might be enumerated of caterpillars resembling in color the substances on which they feed. Many, though they feed on green leaves, resemble in color the gray or brown bark on which they rest when not feeding. One species is mentioned which is said to assume the color of the lichens which it feeds on, being gray when it feeds on a gray one, and yellow when it feeds on a yellow one. Of the extraordinary tropical insects popularly termed walking leaves, the wing cases not only in *color*, but in texture and even in veining, are so exactly like leaves, from the fresh green of those newly expanded, to the faded brown of those withered and fallen, that botanists themselves might be deceived if they were detached from the insects and exhibited as real leaves. On the other hand, the spectres, as they are called, resemble the smaller branches of trees with their spray, and so minutely detailed is this mimicry, that the very snags and knobs, as Kirby and Spence remark, are accurately imitated."

Now how is this resemblance best accounted for? Is it by supposing it to be ordained by the Creator for the purpose of concealing them from their enemies, or by attributing it to an irregular or modified operation of the law of their organization? The author of the treatise on Insect Transformations, in the Library of Entertaining Knowledge, objects satisfactorily to the first of these opinions, that there are more instances where this resemblance is wanting than where it is found; that these insects are armed to defend themselves, like others, and hence that it would indicate a partiality, in the mind of the Creator, towards some of his creatures, not discernible in the rest of his works.

How stands the other proposition? We know that there is a disposition inherent in all objects to impress both their color and images on any medium, provided it is favorably disposed for receiving and retaining them. This fact is well established by the discoveries of Daguerre and others in photogenic drawing, and indeed is what any one might infer as often as he looks into his glass.

We have also reason to believe that if any form of matter is adapted to receive and retain such impressions, it is animal matter in that peculiarly mobile and plastic state which attends the evolution of the fœtus, or the transformations of insects.

If we allow, then, that the progeny is the reflected image of the progenitor, without confusing ourselves by endeavoring to understand the mode in which that reflection takes place, it surely cannot border in the least degree on the absurd to suppose that the influence of surrounding circumstances may occasionally be so strong as to mask the original tendency, and substitute a new reflection in its stead, whether it springs from a conception within the mind, or the direct impression of a visual object. The reflection of the countenance, of the mental and bodily dispositions of the parent, in the child, no one doubts; yet by what law of optics are they explained? Is it difficult to conceive of the reflection of the color and image of a leaf on the clear gelatinous fluid from which the wing of an insect is evolved, as it passes from the state of a chrysalis to that of the image, with sufficient force to impress upon it the hue and shape which belong to the leaf, when that same hue and shape would paint itself on the screen of Daguerre's camera obscura if placed before it? The only resisting force is one impressed upon it at the time the egg of the insect was formed, viz., the parental reflection, which cannot be supposed to be much more powerful than the inertia or the existing chemical affinities of the particles in the paper in the physical experiment. It appears to me plain that this is a full and satisfactory solution of those cases where there is a resemblance between visual objects and the parts of animals. One other is, indeed, possible, which is that the reflection may take place through the medium of the mother. In either case, one fact common to both is proved, viz., the reflection of the image of an object on a structure in its formative state, either mediately through the parent, or immediately by the physical laws of light. The former case, though not understood, is no more at variance with nature than is the reflection of the features of the father in the son; while the latter is open to no objection whatever.

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* Library of Entertaining Knowledge: Insect Transformations.

The conclusion to be drawn from these facts and observations must have been already suggested to the mind of the reader; it is that certain physical and external conditions will occasion deviations in the law or laws of organization.

The two next questions relate to the supposed influence of the mother's imagination in producing the effect, and the presumed necessity for a nervous connection between the mother and fœtus in order to the transmission of an influence from one to the other. The mysterious union of the mind and body, and the equally mysterious connection between parent and child, should teach any one caution how he draws conclusions on the strength of his knowledge of either. A woman may have a longing for a particular fruit, and the likeness of that fruit may be impressed on her child's body, without their being anything, either physically or metaphysically, absurd in the idea. Physically, because we have reason to suppose that the physical condition of the system which attends the conception of an object is the same with, or closely analogous to, that condition which attends the perception of the same object, and it would thus stand on the same ground with the belief of the reflection of the image of any object directly before the eye. Metaphysically, because it accords with the principles of a philosophy which has numbered among its advocates a great proportion of the most distinguished men of ancient and modern times. The forms of things existed, according to Plato, as archetypes in the divine mind, preliminary to their being made visible in the world of sensible things. Cousin declares the mind of man to be one with the mind of the Deity, and makes that volition which raises an arm a part of that volition which once moved "upon the face of the waters." Is it anything more than following out these principles to say that the form of a thing existing in a human mind, may be traced in a human production, as a new creation? True, we cannot follow the form from its conception by the mind, to its perception by the bodily eye. But then no more can we follow volition, nor lay a hand on any point of space, or note down any period of time, between the mental feeling and the bodily act. If the human mind is a spark caught from the divine mind, and if it was, as Plato says, essential to the creation of things that their forms should pre-exist in the divine mind—or, in other words, that the pre-existence of the former necessarily occasioned the existence of the latter—that the intellectual forms, ideas, or images, blending with incorporeal matter, produced palpable or sensible forms, then an intellectual form, idea or image, existing within that isolated portion of the divine, which constitutes the mind of a human being, displays itself in the body with which that mind is in relation, while in the state of transition from incorporeal to corporeal substance, but in accordance with the law by which all things were created. And he who laughs at the old women for an opinion which observation has forced upon them without reasoning, is at liberty to laugh at Plato for an opinion which the depth of his reasoning disclosed to him without observation. A mother's mark, if there is such a thing, is a new creation. All science teaches that if a new creation takes place, it will be by the same law by which old things were created. Now I do not say positively that a woman's longing marks her child, or that Plato's ideas are correct. But I do say that this correspondence between ideas of a new creation, and the old, arising from sources so different, entertained by minds so opposite in their endowments, ought to protect them from ridicule, if, indeed, it does not afford the greatest possible a priori probability in favor of the truth of both opinions, or, at at least, that there was an element of truth from which both opinions were derived.

It is important to distinguish between those mental operations which are objects of conciousness, and those which are not. We are conscious of sensations, thoughts, feelings, and volitions, but we are not conscious of the action of our frame during a sensation, thought, feeling or volition. Nor can we experience, as a matter of consciousness, the formative motions (or whatever they may be) which give origin to any bodily structure. Hence there may be, for aught we know, a principle which is neither matter nor mind, but which, by different modes of activity, gives rise to the phenomena of both, as they present themselves to our finite consciousness. An outward impression may excite the activity of this *tertium quid*, so as to give rise to a perception within a mind, at the same time that it moulds a new image corresponding to that impression in the body to which that mind is joined. In which case, the stronger the impression, the more vivid the perception and the more perfect the image are likely to be; while, as they are both effects of a common cause, the absence of the one is not incompatible with the presence of the other. Thus a woman in pregnancy may have a strong presentiment that her child will have an extra thumb, and find it so at birth. Another may have the extra thumb without the presentiment, and a third the presentiment without the thumb, and all be reconciled by this supposition. For it is not the presentiment which produces the mark or image, but a principle which gives rise both to the presentiment and the image, and which is resisted by whatever occupies the mind in the former case, and by the law of organization in the latter, and either resistance it may or may not be powerful enough to overcome; so that it is no matter of astonishment that either the presentiment or image should appear without the other on this hypothesis—while without it, it is strange that there should be a coincidence between the presentiment and the extra formation.

By what train of reasoning a correspondent of the London Lancet, who has lately given a remarkable example of this coincidence, should immediately afterwards, on the occurrence of an extra thumb without the presentiment, conclude that there was nothing in the hypothesis of the influence of the mother's imagination, I am at a loss to conceive. The single rule of three direct teaches, from three numbers given, to find a fourth, which shall be in the same proportion to the third that the second is to the first. This correspondent, it seems, was in possession of the three terms, but instead of finding the fourth, he made use of the third to prove that there was no proportion at all between the first two. This, I suppose, is according to the single rule of three retrograde!

About three months since, a young man was brought into this port with the smallpox. Five members of the family of which he is an inmate had the smallpox within a month after his arrival, and these are the only cases that have happened. I should have been inclined to think that they caught it of the young man. But as there is no reason to suppose that he himself was exposed to the contagion, as it was *not known* that he came in contact with any one sick of that disease for a long time, and as no other of the crew of the vessel to which he belonged had it, it must be a satisfactory proof that smallpox is not contagious!

Another coincidence, equally striking, is opposed to the doctrine which supposes a nervous communication necessary between the mother and child for the transmission of the required influence. We have, if there is anything in animal magnetism, evidence of thoughts, sensations and volitions, communicated from individual to individual without nervous connection—things which were once thought to require the use of nerves as much as organic processes. But animal magnetism is defunct. It is condemned by almost all the journals, and fairly put down by the newspapers. It is a thousand times more dead than though it had been put down by argument. Embryotic influence is also absurd. You cannot, by appealing to one absurdity, draw any support for another. Two negatives make an affirmative, but two absurdities don't make a plausibility. All this is very true. But it is a little singular that animal magnetism and this other absurdity should aim at the same thing, viz., to deny the necessity of a nervous connection for the transmission of the most recondite mental and bodily influences. Surely nothing save a joint conspiracy between the old women and the magnetizers would have produced such a result as that one party by observation, the other by experiment, should affirm, the first that mental affections display themselves in bodily forms without nervous connection, the second that mental thoughts, feelings and volitions manifest themselves in other bodies than those in which they originate, without nervous or any other obvious connection between them; while the philosophy of Plato and Cousin is appealed to, to supply the connecting link between the two trains of asserted facts (which it does by making mind the primeval repository of bodily forms as well as thoughts, sensations, volitions, &c.). All this argues so great a degree of cunning, and such a profound acquaintance with the transcendental metaphysics among the old ladies, as to be nearly as hard to believe as the absurdities of magnetism and embryotic influences themselves.

There is yet one more coincidence which I would call to mind, in connection with this subject—the story recorded in scripture of Jacob's rods. The bearing of this story is attempted to be met by ascribing it to divine interference. A miraculous escape, truly. But was it not a little singular that the Deity should interfere in that particular way which alone accords with the popular explanation of these facts, when the chances of his adopting some other method were as infinity to one? To me it has often appeared that the scriptures, if studied in the right spirit, might be as useful to the scientific in furnishing hints to the discovery of the laws which regulate the corporeal fabric, as to the legislator and divine in unfolding the maxims of government and the precepts of law and religion. One of these hints is contained in the passage just alluded to. Another, it is not unlikely, is contained in the lifting up of the brazen serpent, which has already been pressed into the service to help out the miraculous character of Jacob's rods. When it is considered how prominent are the nervous symptoms among the effects of poisoned wounds, especially the bites of venomous or infuriated animals, how obstinate their resistance to the antiphlogistic plan of treatment, and how great the power of music in soothing some of them, as in the instance of the bite of the tarantula, compared with the fact that impressions received by either of the three most highly specialized of the senses have produced if not cured convulsions, and the popular opinion in some of the eastern countries that a fixed gaze on *bright* objects is a cure for such wounds, there seems abundant reason to doubt whether there was anything miraculous in the charm of the brazen serpent, save in the inspiration which revealed to Moses the empirical practice, a reason for which was to be given by the progress of science in a remote age. The principle on which the bible is constructed contradicts the opinions and prejudices of no one era, while at the same time it keeps pace with human improvement by anticipating and recording, in enigmatical language, the most important scientific discoveries.

A well-authenticated case of vaccination, communicated by the mother to the fœtus in utero, is related in the Medico-Chirurgical Review for November, 1829. The mother was vaccinated nine days before the birth of the child, and a few days after its birth the child presented pustules on its arms, "*in the same number and at the same points as those which had previously appeared on the mother.*" Here was a case of sympathy between *part* and *part*, between *number* and *number*, without nervous connection, that recommends itself to the special attention of those objectors to embryotic influences who take umbrage at the mention of the part touched by the mother when alarmed, corresponding to the part marked in the child.

Instances of an analogous sympathy might be multiplied, were it not that in this enlightened age their absurdity is too evident. At the present day the philosophic eye is an eye of sense. It recognizes no law between the will of the Deity and organized structures. It sees nothing in the face of nature but instruments and ends, organs and functions, machinery and results, tissues and properties of tissues. The laws of contagion are a mystery, sympathy and fascination curious, instinct a thing to talk oneself to sleep about, mothers' marks an old wive's tale, animal magnetism and natural somnambulism ridiculous, and phrenology the greatest step ever taken by the human mind in its progress towards infinite perfection. And why? Because there are no special organs in the body, of which contagion, instinct, sympathy, fascination, magnetism, &c., are appropriate functions; while for phrenology there are thirty-six organs as plain and distinct as muscæ volitantes before an apoplectic's eyes. The laws of organization, and consequently of health and disease, are metaphysical abstractions—there is no vital activity in nature, because it is neither seen, heard, smelt, tasted, touched; neither in healthy anatomy, nor in pathology.

The popular doctrine "founds all arguments in regard to the physical condition of man on the solid ground of anatomy and physiology." And what have been the grand results in this method of inquiry during the present century? The appearances of the organs after certain diseases have been disclosed, but the intimate nature of not one of these diseases is better understood. Huge volumes have been written on the structure of the brain, its nervous cords have been untwisted, its ganglionic knots cut, its net-work plexuses have been unravelled; and the result is that the brain is a mere collection of lymphatics and vessels, adapted to contain a finer fluid than the blood. Neither the nature of insanity, convulsions, tetanus, hydrophobia, their cause and seat, is a jot the clearer for all this minute and microscopic anatomy. The seat of the mind is doubtless in the brain as much as it is *in pollice pedis;* but about every argument which has been adduced to support the opinion that the brain is the organ of the mind, might be construed so as to prove, with equal force, that the erect position of man is that very same organ. It is easy to perceive that while this continues the popular doctrine, no material progress can be made in the science of medicine. The scalpel and the microscope have revealed all that they were intended to reveal; they have proved that the body is no being *per se*, no self existence, but is as a tenement inhabited by a being which is neither seen nor felt, but which both sees, feels and reasons. And henceforth the physiologist who hopes to add anything to what is now known of life, must study the laws and operations of this invisible agent in the forms in which it manifests itself, instead of mistaking the form for the thing itself, and neglecting and despising phenomena which do not square with the arbitrary standard which he has set up for himself to judge of things, which, when his vision is brightest, he sees "through a glass darkly." B. H.

Gloucester, June 25, 1839.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 17, 1839.

NEW YORK JOURNAL OF MEDICINE AND SURGERY.

An examination of the first number of this new and elegantly executed periodical, satisfies us that Mr. Adlard is a man of correct taste in all typographical matters, at least; and if this is a specimen of what he intends to do while he exercises a controlling influence over the publication of the Journal, it will vie with the very best-printed quarterlies extant.

With the manifest facilities of the great city of New York for sustaining a work like the one before us, it has long been a matter of surprise that so many years have been suffered to pass away without commencing the enterprise. The city abounds with professional gentlemen of acknowledged literary and scientific attainments; and hospitals, most liberally endowed, besides dispensaries and other charitable institutions expressly designed for the medical treatment of the homeless and afflicted, offer the greatest possible variety of materials for the pages of a medical Journal.

In the publisher's address, he expressly assures the reader that this "had its origin among the older members of the medical profession in New York;" and "that the plan proposed has been matured by much reflection and will be pursued with energy and zeal." To show the amount of professional strength engaged in the undertaking, a list of collaborators was originally intended, which would have been gratifying to patrons, simply because there is an innate curiosity to know to whom we are indebted for instruction or agreeable entertainment of any kind. However, Mr. Adlard says, "a list of this kind would, in fact, have embraced all the medical talent of the city." The inference, then, is, that the physicians are united in the enterprise; and if such is the fact, the Journal must inevitably sustain the high character which it promises.

Those wishing to become subscribers, of which it is to be hoped there may be many in New England, may address the office No. 168 Broadway, or the various agents. The price is $5,00 per year, payable in advance, or $1,50 for a single number. As it will appear quarterly, the second number is to be published the first of October.

With regard to the articles which fill 244 pages, we shall have occasion to refer to them hereafter. The summary view of the progress of medicine in America, by Dr. John Watson, is really interesting, but not sufficiently copious in details. It is astonishing that no more credit has been meted out to the elder and present Dr. Warren, in the field of surgery. A case of bony tumor, by Dr. Rodgers, is one of peculiar value. Dr. Shook's hospital reports are deserving of particular commendation—there is an orderly exactness about each case.

We close these remarks by wishing our fellow laborers all the success which their industry and devotion to a noble science entitles them to expect from the members of a liberal profession in the United States.

Researches on the Effects of Tobacco, &c.—Unexpectedly the theory first broached by Dr. Mauran, of Providence, R. I., respecting the influence of tobacco upon the vocal organs, which took place in the course of an evening conversation, has since been extensively and thoroughly investigated by gentlemen in various parts of the Union. Several dissertations have been published already, and more have been received, which demand proper attention. It is not a custom, in this Journal, to allow any one topic to occupy so much time or space, as to become a fatiguing discussion —in this instance, however, it has been considered important to have the point satisfactorily settled, and to do so, it was necessary to collect the facts from a variety of sources. The whole subject, from the very beginning, was entirely a new one. Let the question of the utility or inutility of tobacco go which way it will in the end, it should not be forgotten that we are all under obligations to Dr. Mauran for his fearlessness and ingenuity, by which much important information has already been concentrated that was unwritten before.

To Dr. Woodward, of the Insane Hospital, and others, who contend that tobacco does a positive injury to the vocal apparatus, we feel no less indebted than to those who maintain the contrary opinion. As there is safety in a multitude of counsellors, so there is a fund of knowledge to be gathered from a multitude of experienced physicians.

Rhode Island Medical Society. Mr. Editor,—The following are some of the proceedings of the Rhode Island Medical Society at its late annual meeting, held at Newport, on the 26th ult. Johnson Gardner, *Sec.*

Pawtucket, R. I., June 6, 1839.

George Fabyan, Augustus N. Fisher, Levi H. Holden, and Henry W. Rivers, of Providence; Benjamin H. West, North Providence; and Lewis M. Wheeler, East Greenwich, were elected Fellows. Several distinguished gentlemen were also elected Honorary Members.

A very excellent and ingenious discourse was delivered by Dr. David King, of Newport, on Inductive Philosophy, as applied to the investigation of the science of medicine.

Drs. Theophilus C. Dunn, of Newport, and Usher Parsons, of Providence, were appointed delegates to the National Convention, to be held in Washington in January next.

To David King, M.D., of Newport, was awarded a premium of $50 for the best dissertation on erysipelas.

Dr. Wm. Richardson, of Johnston, was appointed first, and Dr. George Capron, of Providence, second orator, for the ensuing anniversary.

Medical Miscellany.—A correspondent declares that yellow fever has not raged at Havana for 13 or 14 years.—Dr. Oliver W. Holmes will deliver a poem before the Phi Beta Kappa Society, the ensuing commencement, at Dartmouth College.—Another medicinal spring has been discovered at Saratoga, which yields a more copious supply of water than any one heretofore discovered in that region.—Dr. William Rockwell, Health Officer at the Quarantine Ground, New York, last week entered a complaint against the master of the ship Christoval Colan, from Havana, for a violation of the quarantine regulations. The captain was held to bail in the sum of $3000, and his mate was committed to prison, not being able to obtain bail. The maximum of punishment for any violation of the

Port-health Laws, is $2000 fine and imprisonment for one year.—Through the instrumentality, principally, of Dr. Andrew Combe, of Edinburgh, *sago* bread, as a substitute for flour bread, which it is represented to equal in all respects, is now extensively made in Edinburgh and London.—Dr. C. A. Lee, of New York, is preparing a new Medical Flora of the United States. —Dr. Bushe's Treatise on Malformations, Injuries and Diseases of the Rectum, published by Mr. Adlard, begins to be better appreciated; it is unsurpassed for accuracy in the illustration of morbid appearances.—Dr. William G. Smith, late of the College of Physicians and Surgeons, New York, has twice successfully performed lithotrity; first on a man 30 years of age, and in the second case on a patient aged 60, near Morristown, N. J., with the *brise-pierre* of Heurteloup. In the second instance, he broke a stone one inch and a quarter in diameter, at once.—The French steam vessel *Meteor*, at New York, has yellow fever on board—many of the crew ill. The fever is also, it is said, on board the British sloop-of-war Buzzard, at the quarantine.—Dr. A. Vaché has been appointed resident physician to the Bellevue Hospital, New York, *vice* Dr. William Wilson removed; Dr. Tonelier, physician to the Halls of Justice, *vice* Dr. Gilman removed; and Dr. A. W. Walters, City Inspector, *vice* Dr. H. G. Dunnel removed.

Whole number of deaths in Boston for the week ending July 13, 21. Males, 9—females, 12.

Of consumption, 3—old age, 3—scarlet fever, 5—child-bed, 1—disease of the womb, 1—inflammation of the bowels, 2—lung fever, 1—abscess on the lungs, 1—paralysis, 1—fits, 1—infantile, 1—stillborn, 2.

ALBANY MEDICAL COLLEGE.

This Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

Alden March, M.D., President of the Faculty, and Professor of Surgery.
Ebenezer Emmons, M.D., Professor of Chemistry and Natural History.
David M. Reese, M.D., Professor of the Theory and Practice of Medicine.
James H. Armsby, M.D., Professor of Anatomy.
David M. McLachlan, M.D., Professor of Materia Medica and Therapeutics.
Gunning S. Bedford, M.D., Professor of Obstetrics.
Thomas Hun, M.D., Professor of the Institutes of Medicine.
Amos Dean, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is $70. Matriculation fee, $5. Graduation fee, $20. Price of boarding, from $2 50 to $3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

JAMES H. ARMSBY, *Registrar.*

Albany, July, 1839. Jy 17—tO

FOR SALE,

At this office, one complete set of the Boston Medical and Surgical Journal, belonging to the estate of a physician lately deceased. The volumes from I. to VII. are neatly bound in half-yearly Parts, the others are in sheets. Price $1 25 a volume, or $2 50 a year, for the whole, bound and unbound.

Also. vols. VI., VII., VIII., and XIV., XV., XVI. of the New-England Journal of Medicine and Surgery, bound.

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT OF THE STATE OF N. Y. (FAIRFIELD, HERKIMER CO.)

The Lectures commence on the first Monday in October, and continue sixteen weeks.

Anatomy and Physiology, by - - - - - - -	James McNaughton, M.D.
Chemistry and Pharmacy, by - - - - - - - - -	James Hadley, M.D.
Materia Medica and Medical Jurisprudence, by - - -	T. Romeyn Beck, M.D.
Practice of Physic and Obstetrics, by - - - - - -	John Delamater, M.D.
Surgery, by - - - - - - - - - - - - -	Frank H. Hamilton, M.D.

Fees for the whole course, $56. JAMES HADLEY, *Registrar.*
Jy 17—4t

BERKSHIRE MEDICAL INSTITUTION.

THE Annual course of Lectures in this Institution will commence the 8th of August, 1839, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, M.D.
Chemistry, Botany, and Natural Philosophy, by	C. DEWEY, M.D.
Pathological Anatomy and Materia Medica, by	ELISHA BARTLETT, M.D.
Anatomy and Physiology, by	ROBERT WATTS, M.D.
Surgery, by	WILLARD PARKER, M.D.

Fee for the course of lectures, $50; fee for those who have already attended two full courses at an incorporated medical school, $10; graduation fee, $18; board, including room-rent and lodging, as at other country institutions. Library fee, according to the number of books taken out.

Fellows of the Massachusetts Medical Society, and others, who have received the degree of Doctor of Medicine, are admitted gratuitously to the lectures.

Degrees are conferred at the commencement and close of the Lecture Term. The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are—three full years' study under a regular practitioner of medicine—attendance on two full courses of medical lectures, in medical institutions regularly established, one of which courses must have been attended at this institution—a defensible thesis on some subject connected with medical science—an adequate knowledge of the Latin language, and a good moral character.

The examinations will be held in presence of the Trustees, Faculty, and Overseers of the Institution, and of a Delegation from the Medical Society. The thesis must be publicly read and defended. Gentlemen who intend to present themselves as candidates for a degree, are particularly requested to procure full and formal certificates of time and age.

Jy 3— *By order of the Faculty*, ROBERT WATTS, JR., M.D., *Dean.*

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries. John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W, Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other. WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839. Jy 17—tN

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, July 24, 1839. No. 24.

BRIEF RULES FOR EXPLORATION OF THE CHEST, IN DISEASES OF THE LUNGS AND HEART.

BY JACOB BIGELOW, M.D., PHYSICIAN AND LECTURER ON CLINICAL MEDICINE AT THE MASSACHUSETTS GENERAL HOSPITAL.

[Continued from page 360.]

Auscultation.—Auscultation is the art of estimating by the ear the nature of the different sounds produced by natural processes within the body, more particularly within the chest; and of explaining these sounds by reference to their causes. These sounds may be heard most perfectly by the immediate application of the ear to the surface of the body, and this method is called *immediate* auscultation. It may also be heard by interposing between the ear and the patient's body, a solid substance capable of conducting sound, and this is called *mediate* auscultation. When a person breathes or speaks, the walls of the chest are made to vibrate in a manner which corresponds to the vibration of the parts immediately within them. This vibration is variously modified by disease, so that to the cultivated ear, the vibration of the walls of the chest expresses the pathological condition of the internal organs.

For most purposes immediate auscultation is preferable to mediate, since it is practised with greater ease and despatch, and in most cases gives more satisfactory results. But Laennec, the discoverer of auscultation, introduced an instrument, called a stethoscope, which is a hollow cylinder made of some light wood, having a broad surface for the ear at one end, and a trumpet-shaped cavity at the other. The trumpet-shaped extremity collects the vibrations of sound from a considerable space, and these are conveyed through the instrument to the ear. The original stethoscope of Laennec was a large and clumsy instrument, and is now superseded by others of more portable form and dimensions. Although the discoverer of auscultation seems to have considered his instrument as indispensable, and styled his great work a treatise on "Mediate Auscultation," yet the best auscultators of the present day make comparatively little use of instrumental assistance.

The chief cases in which the stethoscope is wanted in practice are, 1. To examine depressed surfaces of the chest, into which the ear cannot be inserted. 2. To explore very small spots or diseased portions of very limited extent. 3. To determine the exact boundaries of a pathological affection. If this is attempted by immediate auscultation, the observer is liable to be deceived in consequence of the conducting power of the bones of the head. 4. When circumstances unconnected with science are opposed to immediate auscultation, such as the modesty of females and the squalid condition of the lower orders.

The patient to be ausculted should be placed in an even and easy position, so that one side may not be more prominent than the other, and the muscles may be equally relaxed. The erect position is to be preferred, when the patient's strength admits it. The less covering is left on the chest the better, and especially all substances which may produce a fallacious sound, as silk and woollen, should be removed. These precautions being attended to, the ear should be applied to different parts of the chest in succession; or if the stethoscope is used, it should be placed even, so that every part of its orifice may be in contact with the surface of the body. The attention should then be directed to the natural respiration, and to the respiration when forced by more rapid efforts of the patient. Afterwards the voice is to be attended to, and finally the sound of the cough. In all these a careful comparison is to be made between the sound emitted from corresponding parts of the two sides.

In immediate auscultation the ear is most easily directed to parts which correspond on opposite sides, by placing a finger underneath it as guide, and removing and replacing this by inspection. It is also useful in immediate auscultation to vary the position of the ear, by sometimes turning off the head so as to liberate the meatus, and still receiving the sound through the bones of the cranium. This may correct our first impressions. In this way a double sound of the heart can often be heard, when only one is heard by immediate application of the ear.

Two sounds are produced in natural respiration, and may be heard in every healthy person. The first of these, called *vesicular* respiration, is a soft breezy expansive murmur, which is audible when the ear is applied to most parts of the chest, but particularly the lower parts. It is confined chiefly to the act of inspiration, and the expiratory sound is scarcely heard in health, except in the upper and posterior parts, and in these places it is weaker than the sound of inspiration. The second, called *bronchial* respiration, is a more harsh and blowing sound, and may be heard in its greatest intensity by placing a stethoscope on the trachea, from which circumstance the highest degree of bronchial, is called *tracheal* respiration. It is heard in a less degree opposite the root of the lungs, between the scapulæ and the spine. It occurs both in inspiration and expiration.

Vesicular respiration is apparently produced by the entrance of air into the pulmonary vesicles. Bronchial respiration seems to be caused in part by the passage of air through the bronchi and their branches, but is chiefly conducted, like broncophony (hereafter described), from the fauces and larynx. In health there is somewhat more bronchial sound on the upper part of the right side than of the left, owing to the right bronchi being largest. The sounds in different individuals are found to vary greatly in intensity, owing to natural differences in the structure of the integuments, and the contents of the chest. But when in the same individual there is a difference in opposite and corresponding parts of the chest, and the difference is not to be accounted for by the mechanism of the chest, which has been already explained, we infer the existence of disease. We suspect disease when the vesicular sound of any part is comparatively diminished or increased; also when it is replaced by bronchial respiration in a part to which the latter does not naturally belong.

When the respiratory sound is particularly feeble, or absent in any of the anterior parts of the chest, we suspect the existence of emphysema, or dilatation of the pulmonary vesicles, especially if there is a degree of roughness in whatever sound is heard; and the diagnosis is confirmed if there is resonant percussion. If feeble or absent respiration occurs at the posterior or inferior parts of the chest, we suspect pleurisy, and proceed to test the correctness of our diagnosis, by examining for the other signs of that disease. If feebleness be confined to the apex of the lungs, there may be tubercles; and if it varies, by recurring at periods of short duration, it is owing to the mucous obstructions attendant on bronchitis.

When the respiratory sound of any part of the lung is preternaturally loud, but otherwise healthy in its character, it constitutes *puerile* respiration, so called by Laennec, from its resemblance to the loud respiration of children. When this sound is universal, it merely indicates activity or functional excitement. But when it is confined to any one part of the chest, we at once suspect that some other part is diseased, for when one part of the lungs is disabled by disease from performing its proper function, the remaining parts take on a *supplementary* action, attended with greater labor and more sound.

When bronchial or harsh respiration is heard in parts where it ought to be vesicular, and especially if the expiration is bronchial, we infer that there is disease in the part thus affected. This is very commonly an induration of a part of the lung, by which the vesicles are filled up or consolidated, so that the vesicular sound is destroyed, while the consolidated portion conducts the sound from the bronchi directly to the ear. This happens in pneumonia, in which a part of the lung is hepatized; an affection which may occur in any part of the chest, but chiefly in the back; or it may take place in phthisis when a part of the lungs, usually near the summit, is indurated by tuberculous infiltration. Bronchial respiration is often heard in pleurisy, apparently when the effusion of fluid is such as to compress the air vesicles without compressing or obliterating the bronchi. It is also heard when a bronchus is preternaturally dilated.

Rude or rough respiration is a mixture of bronchial and vesicular sounds. It is heard in incipient phthisis, and in the lesser degrees of pneumonia and pleurisy.

When bronchial respiration is intense, so as to resemble the sound of air blown into the ear, it has been called *tubal.* The circumstance which is best suited to produce this sound is a dense hepatization, extending from the pleura to the trunk of a large bronchus.

Cavernous respiration is a modification of the bronchial. Its sound is so modulated as to convey to the ear the impression of air being alternately drawn into and expelled from a cavity. It is commonly of small extent, and indicates an excavation of moderate size in the lungs. It is most clearly pronounced in tuberculous cavities, the walls of which are indurated. It may also exist, though more rarely, in abscess, in cavities from gangrene of the lungs, and in very large bronchial dilatations.

Amphoric respiration is well marked, and easy of recognition. It closely resembles the sound produced by inflating a recent bladder to a great degree of tension. It also is compared to the sound produced by blowing into a glass bottle or tumbler held near the mouth. It indicates the existence of large cavities, with firm or tense walls, around which the air reverberates in breathing. It accordingly exists in large tuberculous excavations of the lung, and less perfectly in the cavities which follow gangrene. In pneumo-thorax it is often highly distinct, especially if a free fistulous opening exists between the cavities of the pleura and bronchi, permitting the entrance and egress of air.

The sounds hitherto described are a sort of modification of the natural respiratory noise. There remain to be considered certain adventitious sounds, which are not present in healthy respiration, but occur in different diseases. These are commonly designated by the French term *râles*, which is the name originally given them by Laennec. The Latin name *rhonchus*, or rhonchi in the plural, is used to express the same thing. The English term *rattle* is sometimes used, but is liable to obvious objections.

The *sonorous* râle is a continuous sound, of a louder character than the rest, and has been compared to the pipe of an organ, the bass string of a viol, the creaking of a wagon wheel, or the cooing of a pigeon. It is heard both in inspiration and expiration. It commonly attends bronchitis or pulmonary catarrh, and is supposed to be caused by a thickening of the mucous membrane in some of the larger bronchi.

The *sibilant* râle is continuous like the former, but is more acute in its tone, resembling a low whistling sound. It is supposed to be produced in the smaller bronchial ramifications. It occurs in catarrhal affections, in which it is fugitive and often changes its place ; also in emphysema, and in typhoid fever after the first week.

The two foregoing have been called *dry* râles, to distinguish them from those which follow, and which have been styled *moist* or *humid* râles. But there seems to be no good foundation for this distinction, since the facility with which the sonorous and sibilant râles change their places, appears to indicate the presence of fluid in the bronchial passages.

The *crepitous* râle, sometimes called the fine crepitous, has been compared to the crackling of salt thrown upon the fire, or the rubbing of one's own hair between the fingers close to the ear. It accurately resembles the sound of champaigne or soda water, held in the mouth in a state of effervescence, or of the electric fluid drawn from a sharp point. It is sometimes heard after cough, when otherwise inaudible. It is most distinctly heard in common cases at the end of the inspiration. It belongs exclusively to pneumonia, and is pathognomonic of the first stage of inflammation, or that of pulmonary *engouement*. It said to be sometimes heard in healthy persons, on a single forcible inspiration, after which it disappears.

The *sub-crepitous* or *coarse crepitous* râle, resembles the former, but differs in the size of its bubbles, which are larger and more unequal, forming altogether a coarser sound. It is heard in catarrh, in which case it is usually audible on both sides at once. It exists in œdema of the lungs, and in pneumonia, when that disease is passing into resolution. If it is heard only on one side, and is confined to the top of the chest, we may suspect tubercles.

The *crackling* râle, *craquement* of the French, is a coarser sound than the last, and resembles a short valvular flapping. It is heard best immediately after cough, during the first inspiration, and affords the first sure indication of the softening of tubercles. It is usually met with at the top of the chest.

The *mucous* râle is a rattling sound, more loose and coarse than any of the preceding, and giving the impression of a fluid traversed by air in the bronchial passages. It is heard in all diseases of the lungs which are attended with a copious secretion of mucus or pus, such as catarrh, the advanced stages of pneumonia, and phthisis. A lesser degree of this sound is called muco-crepitous.

Gurgling râle, *gargouillement* of the French, is a bubbling sound, caused by the passage of air through a quantity of fluid contained in a cavity. It may exist in cavities produced by pneumonia, gangrene, or a dilated bronchus; also in the trachea and its large branches. But by far the most common source of this rale, is a cavity formed in the lungs in phthisis. It often alternates with cavernous and amphoric breathing, and apparently takes place whenever the level of the fluid rises above the bronchial orifice which supplies the cavity with air. It may often be produced by coughing, when it is not audible in any other way.

The sign called *metallic tinkling* resembles the snapping of a short musical wire, or it is like the sound of a glass or silver vessel when struck by a pin. It requires for its production a cavity having tense or indurated walls, and containing both air and liquid. It indicates the existence either of pneumo-thorax, or of a large tuberculous cavity. The immediate cause of metallic tinkling is the forcible or sudden disturbance of the liquid in a cavity like those mentioned. The explosion of bubbles of air from beneath the surface of the liquid, appears to be the most common cause of such a disturbance; but it may take place when a part of the liquid is thrown upward in the act of coughing, and falls back upon the remainder. A minor, or *sub-metallic* tinkling, having no musical resonance, may be produced by slight impulses given to the air in the cavity, such as the breaking of bubbles of mucus at orifices above the surface of the liquid.

The *sound of friction, bruit de frottement,* has been compared to the rubbing together of two pieces of leather. It conveys the idea of difficult friction, in which two opposing surfaces in close contact alternately move and catch upon each other. It is sometimes not only audible, but palpable to the hand. It exists in dry pleurisy, in which the opposite surfaces of the pleura are covered with a false membrane, or coating of coagulable lymph, without the interposition of serum sufficient to prevent contact. It is most apt to occur after effused serum has been absorbed. It may take place in interlobular emphysema.

(To be continued.)

LETTERS FROM THE WEST.—NO. II.

HEALTH OF LEXINGTON.—COLLEGE OF PHYSICIANS.—LUNATIC ASYLUM.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Contrary to my expectations, I am still in Lexington. The place is such a delightful summer residence that I feel reluctant to leave it. It is generally healthy at this season of the year, and the southerner is always glad to leave his sultry home, and repair hither to inhale the invigorating air.

I forgot, in my first letter, to mention two institutions which should by no means be neglected. The first is the "College of Physicians and Surgeons," which was organized a few years since, and is composed of the profession in the medical school and the principal physicians of the city. It is an incorporated body, and has the privilege of granting diplomas. At every monthly meeting one of the members, appointed for the purpose, makes a report upon the prevailing diseases of the past month, and discussions follow the report. These reports are published in the Transylvania Journal of Medicine, and contain, without doubt, much valuable information. The plan is certainly an excellent one, and if the medical societies throughout the United States were to adopt a similar course, would it not tend vastly to the improvement of the profession? Would it not have the twofold effect of disseminating information, and elevating our character in a social point of view? We require something to connect us more firmly together. How you conduct yourselves in New England without more disturbance, is, to the physician of the West, a great matter of surprise. Quarrelling is the most prominent feature in the intercourse of physicians of every important place in the West. I shall take occasion, in some future letter, to enlarge upon the social character of western physicians, and perhaps make some suggestions for its improvement.

The next institution which I propose noticing, is the Lunatic Asylum. This is decidedly the best institution of the kind west of the mountains. The building is large, composed of a central three-story edifice, with wings extending back at right angles. It stands on an elevated piece of ground, several acres in extent, and commands a handsome view of the city and adjacent country, which everywhere, as far as the eye can reach, at this season, presents a very beautiful and inviting prospect. The green fields and meadows, shady forest trees, and flower gardens of the vicinity, seem of themselves sufficient to make the heart of the poor maniac beat with joyous emotion, and restore his mind to its wonted office. Immediately in the rear of the building is a large enclosure, where the patients are allowed to take exercise, and some few of the inmates are permitted to walk out in front, in the extensive yard. The lower rooms of the middle building are large, for the accommodation of the steward, matron and physician. The rooms of the upper stories and those of the wings are small, though sufficiently commodious, and are heated without fire places or stoves, in such a way as to render the patients comfortable in cold weather, and at the same time to prevent the infliction of the least bodily injury. The patients are treated with all possible mildness, and it is highly gratifying to the feelings of philanthropy to witness the order and neatness which prevail throughout the establishment.

In a late visit to this asylum, Dr. Drake took the following notice of it. "The noblest institution in this city is the hospital for insane persons, established by the State of Kentucky, and admirably managed by a number of intelligent and respectable citizens of Lexington. On a visit to it I have been gratified to meet, among its managers, not a few of the same gentlemen whom I used to meet ten years before, when acting as one of its medical attendants. This continuance in office is as it should be. No charitable institution can flourish under a perpetual change of managers. Even the same kind-hearted steward and matron were there still; and the attending physician, Dr. Theobold, whose urbanity and experience are what the situation requires, has been for several years devoted to the duties of his office. The accommodations, afforded in this establishment, are extensive and well arranged; the warming and ventilation are effected by proper means; cleanliness, quiet and order are obvious in every part; and I feel it quite a duty to recommend the establishment to the friends and physicians of the insane in every western State which has not yet erected a similar edifice, and brought its internal administration to an adequate degree of perfection."

I expect to leave this place to-morrow for Cincinnati, whence I will write you, perhaps, about the first of July. Yours, &c.

Lexington, Ky., June 20, 1839. W. J. B.

QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

There never was a period in which such swarms of quacks and impostors overspread the land, as at the present time. We should deem it a thing all but incredible, that men should be so perverse as to die, when so many infallible remedies, to insure their health and to prolong their lives, are held out to them. We can scarcely take up a public print, without meeting with scores of advertisements of "infallible cures," "enviable distinctions," "genuine pills," "specific mixtures," and a thousand other similar announcements.

If we had nothing higher than pecuniary interest in view, we should never open our mouths against this horde of scavengers, in the form of quacks, that pollute everything with which they come in contact. For instead of injuring our profession—instead of taking away our practice and thereby rendering our calling less profitable—they produce precisely a contrary effect. For in nine cases out of ten, when a man puts himself under their care—when he begins to be dosed, to be steamed, to be peppered, and to be gorged with whatever other things ignorance and unblushing pretension can invent—if he escape with his life he will be sure to require the aid of the physician to restore him to that state of health in which he was before he surrendered himself into the hands of his tormentors. No, we trust we are actuated by higher and purer motives than the mere love of gain, when we lift up our voice against this set of impostors, and warn the public of the disgraceful practices of which they are guilty in order to snatch the means of a precarious subsistence from those who are so unhappy as to fall victims to their savage rapacity.

I once used to wonder, that in our enlightened age—an age in which men require skill and knowledge in every other profession and trade—they should be willing to trust their lives and their health in the hands of those without education, honesty, or even common sense. But when I recollect that men could once believe in the reality of witchcraft, and punish with death those whom they supposed guilty of practising it—when I recollect that nearly all men have at different times been somewhat tinctured with the belief in ghosts and goblins—and that in our own times, and among our most enlightened and educated men, may be found those who believe in the jugglery of "animal magnetism," I am not surprised that men, when laboring under any real or supposed bodily disease, and influenced by the imagination, as men are at such times, should be led to trust to the arrogant pretensions of quacks and impostors. We cannot, then, depend upon the discriminating powers of the public to free itself from the horde of leeches which are now sucking its vital blood.

It is incumbent on the medical profession, in this, as in every other case, to exert itself in the cause of humanity, and do their best to diminish this great evil. And how shall we do this? Shall we enter into a contention with those contemptible plunderers of the public health, who are filling our periodical prints with advertisements of their vile compounds and poisonous mixtures? or, shall we look upon them as beneath our contempt? To enter into a contention with them is out of the question. We should, therefore, point them out to the public in the same manner as we would point out to the unwary traveller the alligator that lies in wait to destroy him.

And in order that we may keep ourselves aloof from these impostors, and point out with a good grace their wholesale and unholy impositions, we ourselves must be irreproachable. We ourselves must be the first to begin the reform; we must elevate, purify, and expurgate our own profession, and make it that high and noble calling which it should be—a calling worthy of being followed by men of the greatest talents, men on whom the tongue of slander cannot have the least impression, and whom the rancor and venom of quacks will only serve to show in a more enviable light. When we can do this—when we can make the medical profession, in every respect, what it should be—quackery will of itself die away, as the mushroom, which has grown up in the night, withers beneath the glowing radiance of the noon-day sun.

And how are we to elevate our profession? We must begin *ab initio*—must begin with those who are just entering its ranks. The standard of education must be raised among medical men, and a longer time than is now required must be expended in fitting medical students for the discharge of the all-important duties of their profession. If there is any profession that requires a cultivated mind, a judgment strengthened and matured by study, and a disposition rendered mild and benevolent by the culture of the *literas humaniores*, it is emphatically the medical profession. The profession of medicine should rank equal to, if not above, the other learned professions, instead of being the lowest on the list, as it now is; and the only way of making it such as it deserves to be, is by filling its ranks with such men as are able to support its dignity. It should be filled with men who are above all grovelling and sordid interests, and who, with undefiled hands, are able to minister at the altar of the goddess to whose service they are devoted. When this shall take place—when the medical profession shall be filled with men who are themselves free from every imputation of quackery, and who are able to look upon every approach to empiricism and frown it down with that sovereign contempt which it deserves—that host of quacks which now abound throughout the land, will fall into the obscurity which their character so richly merits.

It has too often been the case, that we ourselves have been the cause of advancing the progress of quackery. We too often have been divided on points of minor importance; we too often have entered into fierce contentions concerning things of little value; and whilst "the house has been divided against itself," and the attention of the guardians of health been called off in another direction, the empiric has had the opportunity given him of foisting his wholesale impositions, and committing his depredations, on the public. But we hope and trust that the day has at length arrived when contentions and animosities among members of the profession are to be done away; and when quacks and quackery, and all the unholy practices of the empirics which now over-run the land, shall be numbered among the "things that were." N. H. Allen.

Gray, May 28th, 1839.

HOOPING COUGH.

Mr. Linacre stated, at a recent meeting of the Medical Society of London, that he had employed vaccination as a means of relief in two cases of hooping cough. The disease had continued for fourteen days before he inserted the vaccine lymph. As the vesicle proceeded to maturity the severity of the paroxysms of pertussis became remarkably mitigated, though in their frequency they were undiminished. The children were well in a month from the performance of the vaccination.

Mr. Clifton saw nothing extraordinary in hooping cough running its entire course in six weeks. He had generally, indeed, found this to be the average duration of the disease, which was three weeks in reaching its acme of violence, and the same time in declining. When the little patients were kept in a regulated temperature, and the general health was attended to, he had never known pertussis of more than six weeks' duration. When subjected to the above treatment, which could only, however, be carried perfectly into effect in the better classes of society, hooping cough was but a mild disease; indeed, he had not, during twenty-five years, lost a single patient in whom these regulations had been put in force. Regarding vaccination, and other supposed specifics, in this disease, he considered that they owed their reputation rather to the natural decline of the affection than to any virtue of their own. He should, however, be fearful of trusting to vaccination as a preventive of smallpox, when it was performed during a disease like hooping cough, which, he considered, would materially affect its influence. He should, therefore, in cases where vaccination was employed in the treatment of hooping cough, repeat the process after the pertussis was quite cured. Everybody knew that hooping cough in the summer was never a severe disease, and by a regulation of temperature it was quite as harmless in the winter.

Mr. Leese had treated many cases of hooping cough by vaccination. He inserted the lymph at about the fourteenth day of the disease, the latter stages of which were by this means much mitigated. He did not consider that vaccination, by running its course during the presence of hooping cough, would lose any of its prophylactic power over smallpox, provided the symptomatic fever was sufficiently severe, and the vesicle run its proper course.

Dr. Bennett admitted the great advantage of a regulated temperature as a means of treating hooping cough; but he was surprised that Mr. Clifton had never seen a case in which the disease had gone beyond the sixth week when thus treated. He had seen many cases in which, after the sixth week, the cough became of a chronic character, and change of air was the best possible remedy. An equable temperature, though so valuable an auxiliary in the treatment of pertussis, could not be carried into effect among the poorer classes of patients. What, then, in the absence of this regulation, was the best treatment to pursue? Hooping cough, when fatal, was generally so in the latter stage, from the brain becoming affected. There were two classes of cases in which this occurred; in one general bronchitis supervened upon the hooping cough; the paroxysms accordingly became more severe, and the cerebral symptoms were accounted for. In other cases there was not sufficient bronchitis to explain the head affection. He had seen several such cases in young children under twelve months of age, and the chief indication in whom was to guard against the cerebral mischief, by leeching behind the ears, the more vigorous application of counter-irritants down the spine, and occasionally a blister. Some cases, however actively treated, would nevertheless end fatally. He had often thought, though he had never been bold enough to put the plan into practice, that we should be justified, in spite of the cerebral symptoms, in the employment of antispasmodics and even of opiates to relieve the paroxysms of the disease; as the relief thus afforded would tend greatly to diminish the danger attending the head affection.

Dr. Theophilus Thompson admitted the value of an equable temperature in the treatment of hooping cough. He thought in many cases where the disease seemed protracted, that the cough was the mere result of habit, and that a little tonic or antispasmodic medicine would be as beneficial as change of air. When patients were kept in a regulated temperature pertussis was seldom fatal. It might, however, be complicated with inflammation of the bronchi or the substance of the lungs; the success of the treatment would then depend mainly upon prompt and vigorous antiphlogistic measures. The complication of emphysema with hooping cough was not, however, unfrequent; and when the emphysema existed to a great extent the case was hopeless. In cases of this kind the practitioner found the respiration much oppressed, and on putting his ear to the chest would detect a crepitating rhonchus something similar to that which was present in pneumonia, and liable, on a cursory examination, to be mistaken for it. A more careful attention to it would, however, detect the rhonchus to be of a dryer kind than that indicative of pneumonia, and percussion instead of being dull, would, in fact, be clearer than usual; the pulse would also be indicative of debility. In such cases slight stimulants and tonics were the best remedies. If the case were slight a cure would probably be affected; if, however, it were severe, then the pressure of the enlarged air-cells upon the other parts of the lungs would induce suffocation, or fatal cerebral disease. It was of great importance to watch very carefully such children as were disposed to emphysema; they were generally healthy in appearance to the general observer, but the medical man would know that appearance to be a fallacious one. These patients were generally of a phlegmatic temperament. Regarding an equable temperature in hooping cough, though valuable, it was not of itself a sufficient means of treatment; we should, in addition, employ every remedy in our power to get rid of the cough. To effect this, he thought antispasmodics had more influence than was generally supposed, and that prussic acid, when pure and good, was one of the best antispasmodics; it had also the advantage over other remedies of this class, in being admissible in the earlier stages of the disease, and during the prevalence of bronchitis or pneumonia. In the latter stages of the disease, when the secretion was free, and the inflammation subdued, anodynes, counter-irritants, and the artificial musk, were valuable remedies. He had lately employed a new remedy in this disease, after the second or third week of its existence, and though at present his experience had been limited, he had, in all cases in which he had employed it, found it had a most marked effect in checking the paroxysms. This remedy was alum, in doses of two or three grains to a child of three years of age, two or three times in the course of the day. He had never increased the dose beyond five grains to children of eight years of age. He generally combined the alum with the extract of hemlock, but this was not essential to the production of its effects.

Mr. Dendy allowed that regulation of temperature was of great importance to patients with hooping cough; but even, with the greatest attention to this important point, he had lost children from the occurrence of cerebral disease. In eighteen out of twenty fatal cases of pertussis, he believed that the death resulted from congestion of the brain. What was the essence of hooping cough? He believed that it mainly consisted in the very peculiar glairy secretion which was present in the disease, and that by getting rid of this secretion, or by altering its character, the paroxysm was cut short, and the child relieved; this secretion was often so viscid at the upper part of the respiratory tube as to produce suffocation. To its beneficial effects upon this secretion, one of the most popular of all remedies in hooping cough, owed its fame—the carbonate of soda, with a little cochineal to color it. Alkalies were of great effect in altering the character of the secretion in question.

Mr. Headland believed that most of the mortality from hooping cough was to be attributed to doing too much rather than too little. To warm air, mild purgation, and, in the latter stages, carbonate of potash and counter-irritants, no addition, generally speaking, could be usefully made.

London Lancet.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 24, 1839.

DISEASES OF THE UTERUS.*

A more useful publication, we apprehend, has not been presented to the profession of this country, for years, than the one under consideration, just from the press of Mr. Ticknor, Washington street. It is a fair volume, in a plain, neat type, having four hundred pages, closely and profitably occupied with that kind of practical knowledge which will be acceptable to all orders of practitioners. It contains a series of clinical lectures delivered at the Hospital La Pitié, by M. Lisfranc, translated by our townsman, Dr. Lodge, who deserves the warmest commendation for the fidelity and accuracy with which he has executed the undertaking.

The work is divided into four parts. Under the various subdivisions may be found an orderly arrangement of the many topics which were the subject of the lectures. In the first chapter minute anatomical observations are presented on the structure of the organs in the pelvic cavity, &c. Chapter II. explains the mode of examination employed to ascertain the condition of the organs. Part II. is devoted to the consideration of the diseases of the uterus generally. Part III. embraces the author's views of menstruation, uterine hemorrhage, or menorrhagia, leucorrhœa and hysteria. Part IV. expressly treats of the subjects of sub-inflammation unattended by engorgement or any appreciable change in the structure of the uterus; engorgement, erythemata and eruptions, ulcers and vegetations on the neck of it. Finally, amputations of the neck of the uterus, extirpation of the entire organ, foreign bodies attached to the uterus or developed in its vicinity, together with remarks upon the displacement of the uterus, and the value of pessaries, bring the book to a close.

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* Diseases of the Uterus:—a series of Clinical Lectures, delivered at the Hospital La Pitié, by M. Lisfranc, and edited by H. Pauls, M.D. Translated from the French by G. Henry Lodge, M.D. Boston: William D. Ticknor, 1839. 8vo., p. 401.

There is no particular place where extracts could be made, by way of illustrating the value of these lectures. A title of the chapters, it is presumed, will enable those who have felt the obvious want of some guide of this sort, to appreciate the critical researches of the celebrated surgeon of La Pitié.

Dr. Lodge deplores the difficulties with which medical advisers are obliged to contend in relation to diseases of the uterus and its appendages; indications of treatment are based, in a good degree, upon symptoms, and not from pathology. Hence the want of success in prescribing remedies. He says, "It is impossible to say how soon the profession may enjoy greater facilities for studying this highly important class of diseases, so intimately connected with the comfort and happiness of the individual, the sanctity of the marriage vow, and the reproduction of the species." We fully agree with him, that *it is impossible to say how soon.* We cannot be mistaken, however, in predicting that the whole character of the sex, and the entire system of education, must be radically changed, and that females, however important it may be to their individual health or happiness to throw away all innate feelings of instinctive or cultivated delicacy, will compel their medical counsellors to guess at some of their maladies, as they have for twenty centuries past, before they unreservedly submit to those explorations so pathetically noted as a desideratum in the onward march of modern pathology. Particular circumstances alter cases—a false modesty is no modesty at all. Nothing but an absolute necessity could possibly justify a practitioner in urging his patients to examinations painful to the moral sense.

Such are the intrinsic merits of Dr. Lodge's translation, that it commends itself to the attention of the medical public. It is precisely such a production as our Medical Society would gratify the members in distributing on the day of its anniversary.

Worcester Medical Convention.—On the 10th of July, the committee chosen at the annual meeting of the Massachusetts Medical Society, by the Counsellors, to consider and report on certain propositions submitted to the Council, assembled at Worcester. Nothing essential has come to hand in regard to the meeting, further than that it is said a most excellent spirit was manifested by the members, and that they agreed upon a report which will come before the Council at the session in October. By some untoward circumstance, one or two of the delegates were prevented from being present.

Medical College of Philadelphia.—In the American Medical Library it is announced that a bill has passed the Legislature, within a few weeks, for the erection of another medical school in Philadelphia. The project has been agitated a considerable time, very much against the wishes, so it has been understood hereabouts, of those on whose good judgment and candor the public have generally been willing to rely. That a charter has been obtained through much tribulation, seems quite probable, from the circumstance that all such achievements are usually opposed by some one. The theory has been, that it was utterly impossible to sustain another school of medicine in a city in which there were two already. Now the sentiments advanced by the editor of the Medical Library, who must of course be considered an interested person, occupying, as he does, a chair in the Jefferson School, show very clearly that he entertains enlarged views and generous feelings, which will redound to his honor in after days. He remarks, " We are not aware of its provisions (the bill), but we trust they are of such a character as to tend still further to increase the proper facilities afforded by Philadelphia for the attainment of medical instruction." The fact is, with only a tolerable degree of prudence in the management of these three institutions, accompanied with a commendable degree of courtesy towards the multitude of students who will ultimately wend their way there, Philadelphia must and will, at a future day, swallow up some of the smaller institutions, and educate a great proportion of the physicians and surgeons in the United States.

Phrenological Journal.—At no time since the commencement of the American Phrenological Journal, have the editors shown more activity and industry in the field to which their labors are confined, than at the present moment. No. 10, for July, exhibits the same care and good judgment which have characterized the entire series from the beginning. Even the opponents of the science must admire the patient researches of these philosophers. An article on *temperaments*, at page 361, is beautiful, and convinces the understanding that it is true. Such papers arrest the attention, and do more towards inducing foes to investigate for themselves, than whole volumes written after the fashion of Mr. Warne's dissertation on fatalism, necessity, and human responsibility.

Insane Poor of Pennsylvania.—From the American Medical Library, Vol. III., No. 7, we learn that the Legislature of Pennsylvania has passed a bill for the establishment of an institution for the reception of the insane poor, which must be gratifying to every friend of humanity. Every State in the Union, at no very remote period, it is most fervently hoped, will make provision for this unfortunate class of beings, which will reflect honor on our common country.

Dr. Trowbridge.—This distinguished surgeon, who has resided for about thirty years in the northern part of the State of New York, extensively engaged in operative surgery, has lately removed, in the zenith of usefulness, to Painsville, Ohio. This removal probably has reference to a connection with Willoughby University, in which he is professor of surgery.

Medical Miscellany.—The City Council of Boston have appropriated eight thousand dollars for the erection of a hospital for the House of Correction.—Notice having been received that the Common Council had again non-concurred with the Board of Aldermen in the choice of Resident Physician of the public institutions at South Boston, it was resolved, that in consequence of the existing difference of opinion between the two boards in relation to such elections, it is expedient to receive further applications for said office; it was therefore ordered that the City Council will receive applications for said office until the first day of August next. Monday, August 6th, was assigned for the choice on the part of the Board of Aldermen. On the first of June, the period limited for receiving the names of applicants for the office, it is understood that there were seventeen; but Drs. A. B. Snow and J. B. S. Jackson, of Boston, have been the prominent candidates, the first having been several times elected by the Common Council, and the latter by the Board of Aldermen.—Dr. S. M. E. Goheen, who has been some time in Liberia, has returned to this country.—A woman, of Greenville, Penn., died a short time since, after a few hours' sickness, in consequence of drinking a tea made of meadow saffron, supposing it to be spikenard. Three of her five children, at the last accounts, were near dying from the same cause.—The Coroner of the Western Division, Middlesex, London, says there are held annually, 1500 inquests—900 of which are caused by intoxicating drinks.—The annual circular from the Medical School of Dartmouth College has been received. Drs. Crosby and Hubbard, members of the faculty, have opened a school for private instruction—the tuition being only *forty* dollars a year, and yet the facilities are uncommonly good.—A physician in England, who attends a charitable institution for a low salary, is accused of administering to one of the members, pills which were found, after a little magnesia was washed from the surface, to be common PEAS. Some of them, it is said, were planted in the earth, and are now actually growing. The patient, therefore, is likely to raise his own "*vegetable medicines*" hereafter.—Two instances have lately been noticed, in England, in which the editor of a newspaper, spurning the bribes which were held forth, has kept his columns free from the quack advertisements which almost universally degrade the newspaper press, both in Britain and America. This is a small number, truly; but can as many be found in this country?

To Correspondents.—We have received Dr. Bacon's answer to Dr. Allen, but we hope that, on reflection, the writer will agree with us that it is inexpedient to continue so personal a controversy further. Some remarks in this day's Journal, written by Dr. A. before the commencement of the present discussion, are worthy of consideration by both, as well as by all other members of the profession.

Died,—By drowning, at Port Deposit, Maryland, Dr. A. C. H. Tate.

Whole number of deaths in Boston for the week ending July 20, 35. Males, 20—females, 15.

Of consumption, 6—scarlet fever, 11—child-bed, 1—sudden, 1—jaundice, 1—dropsy, 2—infantile, 2—fits, 1—liver complaint, 1—cancer, 1—teething, 1—casualty, 1—fever, 1—dropsy in the head, 1—bursting bloodvessel, 1—suicide, 1—lung fever, 1—stillborn, 4.

FOR SALE,

At this office, one complete set of the Boston Medical and Surgical Journal, belonging to the estate of a physician lately deceased. The volumes from I. to VII. are neatly bound in half-yearly Parts, the others are in sheets. Price $1 25 a volume, or $2 50 a year, for the whole, bound and unbound.

Also. vols. VI., VII., VIII., and XIV., XV., XVI. of the New-England Journal of Medicine and Surgery, bound.

The new edition of Dunglison's Medical Dictionary may be obtained as above.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839. 2am6m

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other. WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, *July* 10, 1839. Jy 17—tN

MEDICAL LECTURES: DARTMOUTH COLLEGE.

THE annual course of Lectures in the New Hampshire Medical Institution will commence at Hanover on Thursday, the 8th of August, 1839, and be continued 14 weeks, by the following members of the faculty.

JOHN DELAMATER, M.D., Professor of Materia Medica, Obstetrics, and Diseases of Women and Children.
STEPHEN W. WILLIAMS, M.D., Lecturer on Medical Botany and Medical Jurisprudence.
DIXI CROSBY, M.D., Professor of Surgery and Surgical Anatomy.
ELISHA BARTLETT, M.D., Professor of Theory and Practice of Physic and Pathological Anatomy.
OLIVER P. HUBBARD, M.D., Professor of Chemistry and Pharmacy.
OLIVER WENDELL HOLMES, M.D., Professor of Anatomy and Physiology.
F. A. EDDY, A.M., Demonstrator of Anatomy.

Fees for the course, $50,00. Matriculation, $3,00. Graduating expenses, $18,00.

OLIVER P. HUBBARD, *Secretary.*

Hanover, *N. H.*, *June*, 1839. June 26—3t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT OF THE STATE OF N. Y. (FAIRFIELD, HERKIMER CO.)

THE Lectures commence on the first Monday in October, and continue sixteen weeks.

Anatomy and Physiology, by	JAMES MCNAUGHTON, M.D.
Chemistry and Pharmacy, by	JAMES HADLEY, M.D.
Materia Medica and Medical Jurisprudence, by	T. ROMEYN BECK, M.D.
Practice of Physic and Obstetrics, by	JOHN DELAMATER, M.D.
Surgery, by	FRANK H. HAMILTON, M.D.

Fees for the whole course, $56. JAMES HADLEY, *Registrar.*
Jy 17—4t

ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.
EBENEZER EMMONS, M.D., Professor of Chemistry and Natural History.
DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.
JAMES H. ARMSBY, M.D., Professor of Anatomy.
DAVID M. MCLACHLAN, M.D., Professor of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics.
THOMAS HUN, M.D., Professor of the Institutes of Medicine.
AMOS DEAN, ESQ., Professor of Medical Jurisprudence.

The fee for all the courses is $70. Matriculation fee, $5. Graduation fee, $20. Price of boarding, from $2 50 to $3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty. JAMES H. ARMSBY, *Registrar.*

Albany, *July*, 1839. Jy 17—tO

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XX. WEDNESDAY, JULY 31, 1839. No. 25.

BRIEF RULES FOR EXPLORATION OF THE CHEST, IN DISEASES OF THE LUNGS AND HEART.

BY JACOB BIGELOW, M.D., PHYSICIAN AND LECTURER ON CLINICAL MEDICINE AT THE MASSACHUSETTS GENERAL HOSPITAL.

[Concluded from page 378.]

VOICE.—The voice is produced in the larynx, and the vibrations belonging to it are conducted through the trachea and its branches to all parts of the lungs. If we apply the ear to the chest of a person who is speaking, we perceive a confused, inarticulate noise. It is clearest and most resounding at the upper parts of the chest, which are near the larynx, and in which the bronchi are largest, especially at the inner edge of the scapula. It is feeblest in the lower parts, where there is a great deal of intervening, spongy, vesicular texture. The degree of resonance varies in different subjects. If other things are equal, it is greater in thin persons than in those who are fleshy, and in persons who have a strong deep voice, than it is in those whose voice is high or feeble.

Aphonia, or loss of voice, may take place from catarrhal affections, debility, paralysis, ossification of the cartilages of the larynx, or ulceration of the vocal chords in phthisis.

The first deviation of the voice from its natural state, perceived in auscultation, is in its *diminished resonance*. When this takes place in a particular part, independently of affections of the integuments, it most frequently indicates emphysema. It may also occur in pleurisy, when the effusion into the cavity of the chest is sufficient to compress the whole lung.

Increased resonance of voice takes place when the pulmonary texture is slightly increased in density. It occurs in incipient phthisis, and at the beginning and decline of pneumonia and in dilatation of bronchi. This and the foregoing variety of resonance, can be estimated only by comparing the part of the lung in which they occur, with a corresponding portion which is in a healthy state.

Bronchophony is a peculiarly loud, clear, thrilling sound, which impresses the listener as if the voice was close to his ear, or as if the patient spoke through his ribs. In different degrees it accompanies bronchial and tubal respiration, and depends upon the same causes, viz., induration of the pulmonary substance by tubercles, hepatization, bronchial dilatation, &c. Bronchophony, in some cases, is attended by a thrill which is not only audible, but palpable to the hand.

Pectoriloquy is an exalted degree of broncophony, resembling the sound which is heard by placing a stethoscope on the trachea while a person speaks. It is produced by a cavity in the lungs, of moderate size, having indurated walls, and being empty, or nearly so, of fluid. It is liable to disappear and return as the cavity becomes filled with fluid, or is emptied by coughing. The value of pectoriloquy in diagnosis has probably been exaggerated, and we seldom rely upon it without the concomitant signs of excavation.

Amphoric resonance of voice is a hollow, reverberating, semi-metallic sound, as if a person spoke in a brazen vessel. It accompanies amphoric respiration in pneumo-thorax, and in tuberculous excavations of large size.

Ægophony is a sound which has been compared to the bleating of a goat, from whence its name is taken. A good idea of it may be obtained from the nasal voice of a person who closes his nostrils in speaking. It exists at a somewhat early stage of pleuritic effusion, then disappears, and returns again after the fluid is partly absorbed. For its production it requires that a certain amount of fluid should be interposed between the lung and the ear, but not so much as to compress the lung wholly. It is usually heard near the lower angle of the scapula. Ægophony occasionally runs into bronchophony, and an intermediate sound is sometimes produced in pleurisy, viz., broncho-ægophony. This sound is apt to exist in pneumonia, attended with a slight degree of pleurisy. According to M. Reynaud, ægophony may occur in aneurism, when the trachea and bronchia are compressed.

Succussion.—A very ancient, though rough, mode of exploring the chest, consists in shaking the patient with a view to elicit the sound of free fluid, if such exists in the cavities. This mode is applicable only to cases in which air and liquid co-exist, as in pneumo-thorax and large pulmonary excavations. In patients thus affected, if the body be agitated, the dashing of the fluid can be heard not only by auscultation, but frequently by the ear at some distance from the body. This mode should not be practised to the annoyance of weak patients, but we have repeatedly met with patients who, by their own efforts, could produce the sound of succussion at pleasure.

Cough.—A *short dry cough* is attendant on various irritations of the fauces, elongated uvula, some febrile affections, and occasionally in persons in whom no obvious cause can be detected. It attends on the incipient stages of phthisis.

A *hoarse cough* is loud, dry, hearty and forcible, without any peculiar harshness or stridulous sound. It exists in the early stages of pulmonary catarrh, and seems, like a hoarse voice, to depend on intumescence of the vocal chords.

An *aphonic cough*, the tone of which is whispering and feeble, seems to depend on the same causes which produce aphonia in the vocal functions. It takes place in excessive catarrhal affections of the glottis, in great debility, and in ulcerations of the larynx.

A *stridulous cough*, having a barking or brazen sound, occurs in croup, laryngismus, and in some children at the commencement of catarrh or measles. In confirmed croup, under the production of false membrane, it is apt to acquire a wheezing or whistling character.

A *loose cough,* as its name expresses, is characterized by the sound of a loose fluid in the air passages. This fluid may be mucus, purulent mucus, or pus. It occurs in the advanced stages of catarrh, in phthisis, in the third stage of pneumonia, and in old age. In catarrh it is frequently a ground of favorable prognosis. A cough may in some cases have a broken and somewhat loose sound, without evidence of much fluid.

A *spasmodic cough* consists usually of many short expirations, followed by a single prolonged and often sonorous inspiration. It occurs in hooping cough and sometimes in dentition and other affections of children. The cough of asthma has generally more or less of a spasmodic character.

The *amphoric cough* has a hollow, reverberating sound, and constitutes a striking symptom of the advanced stages of phthisis, with large cavities.

Expectoration.—In a state of health the natural saliva and mucus are transparent and colorless, and they generally remain so in the incipient stages of pulmonary diseases.

When the sputa consist of mucus which is thick, whitish and opaque, during common pulmonary catarrh, they indicate a subsidence of the inflammation. They are sometimes yellowish or greenish when the disease is prolonged.

When the sputa are of a red color, viscid, heaped in small masses, and adherent to the vessel into which they are discharged, the disease is pneumonia. They may also be sometimes brown or yellowish in this disease.

When liquid blood of a fresh, florid and frothy appearance is thrown off by an expiratory effort, in any considerable quantity, the case is one of hæmoptysis. It shows in most cases the existence of tubercles in the lungs, but may take place under the influence of other causes, such as catamenial irregularities, aneurism of aorta, and external accidents. Pulmonary hemorrhage, when slight, probably proceeds from exhalation from the mucous membrane; when more serious, from the vesicular texture; and in rare cases, from the rupture or division of a bloodvessel.

When pus is expectorated the disease may be bronchitis, pneumonia, or phthisis. The characteristic sputum, often seen in advanced phthisis, has received the French name *pelotonné,* which has been rendered in English by the word *nummulated.* It appears in roundish masses, with shred-like edges, floating in a clear, transparent liquid. The taste is often sweetish, and the smell nauseous. But it is in some cases extremely difficult to distinguish the pus of phthisis from that of chronic catarrh.

When chalky or calcareous concretions are coughed up, they mostly indicate tubercles or phthisis, usually in a more chronic form. Tuberculous matter is sometimes coughed up in the same disease.

When the sputa are extremely fetid, and accompanied with a putrid odor of the breath, the disease is gangrene of the lungs.

The expectoration of young children cannot be examined, from the circumstance that the substances raised are immediately swallowed by them.

The act of expectoration fails to take place when there is a want of sufficient sensibility in the mucous membrane or the diseased part, to excite coughing. This happens in the lethargic and the moribund, giving rise to the well-known rattling sound in the throat so often heard in these cases. For the same reason expectoration is suspended during sleep, and takes place in increased quantity on waking. Some patients voluntarily avoid expectoration as long as possible, on account of pain or fatigue attending the exertion of coughing.

Of the Heart and Arteries.—The heart is situated in the left chest, occupying the præcordial region already described, The apex of the heart points forward, downward, and to the left, about the level of the fifth intercostal space. It is enclosed in the pericardium, and covered by the edges of the lungs, with the exception of a small part of a rhomboidal shape, and generally not two inches square. The portion which in most individuals is thus uncovered, gives a dull sound on percussion, and beyond this part the dulness diminishes, till it is lost in the surrounding pulmonary tissue.

The phenomena which are noticed when the ear is applied to the region of the heart in health, are the impulse and the sounds. The impulse conveys the impression that the ear is pushed or struck by the heart, and the sounds which are heard are two in number. The first sound coincides, in point of time, with the impulse, and occupies half the period of a whole pulsation. The second sound is short and abrupt, occupying a quarter or less of the pulsation, while a pause which follows, fills up the remainder of the period. The causes of these sounds of the heart have been the subject of much recent dispute and experimental inquiry. The latest results render it probable that the first sound is occasioned by the muscular contraction of the ventricles, beginning with the closing of the auriculo-ventricular valves, while the second sound is produced solely by the flapping of the semilunar valves. In exploring the region of the heart for signs of disease, we attend chiefly to the impulse, the sounds, the rhythm, or order and proportion of the sounds, the extent of dull percussion, the extent of audible respiration, and the prominence of the præcordial region.

When the impulse of the heart is strong and lifting, we infer that there is hypertrophy of the organ, or some of its parts. If perceived over a large space, it is probably attended with dilatation. This diagnosis is confirmed if there is œdema of the lower extremities, dyspnœa, bloating, and lividity of the face, with violet-colored lips, and pulsation of the jugular veins.

When in acute disease the impulse is feeble, irregular, or wanting in an erect posture, we should suspect pericarditis, and look out for its other signs.

When there is palpitation, or frequent and abrupt pulsation of the heart, there may be structural or functional disease, or mere nervous irritability of the system.

When the first sound of the heart is prolonged by a blowing or bellows sound, there may be structural or functional disease, or inanition from loss of blood, &c.

When the second sound is prolonged or rough, we suspect disease of the valves from vegetations, thickening, rigidity or contraction. When either sound resembles the noise of a file, rasp or saw, or the cry of a bird, there is probability of still greater valvular disease. In these cases it is generally found that the valves, by their increased thickness, obstruct the passage of blood through the orifices which they command, or else, by their imperfect closure, they permit a portion of the blood to regurgitate. By applying the ear in succession to different quarters of the præcordial region, an opinion may be formed as to the particular valves which are diseased. Nevertheless, our present knowledge of the import of valvular sounds is by no means complete, and the certainty of their indications is doubted by some able pathologists.

When the sound of percussion is dull or flat over a greater extent than natural of the præcordial region, there is reason to suspect hypertrophy or pericarditis, with serous effusion. A similar inference is to be made when respiration is either absent or extremely feeble over the whole extent of this region, and at the same time is distinct in other places.

When the heart is perceived in the right chest, pulsating as strongly as in the left, or more so, there is either a preternaturally solidified portion of lung, or tumor, by which the pulsation is transmitted; or else the heart is dislocated by effusion or tumor in the cavity of the left pleura. In some very rare cases there has been a natural transposition of this and other organs.

When prominence of the præcordial region exists in connection with other signs of diseased heart, there may be pericarditis or hypertrophy. If the prominence be higher than this, we suspect aneurism of the aorta.

When there is a friction sound, like the creaking of new leather, which is synchronous with the pulsations of the heart, there is pericarditis, with effusion of lymph coating the surfaces in contact.

When there is dull percussion, with tumor, about the upper and anterior parts of the chest, attended with loud pulsation, either single or double, especially if there is a purring tremor above the clavicles, we may presume there is aneurism of the thoracic aorta.

The abdominal aorta can be felt in thin persons pulsating along the spine. If the pulsations be excessive and diffused over a preternaturally large space, there is either aneurism of this part of the aorta, or some tumor transmitting its pulsations. Strong pulsations, if not thus diffused, may indicate merely functional disturbance.

When a pulsating tumor is felt in the course of any artery, accompanied with a thrill which is perceptible to the hand or ear, and the tumor subsides on compressing the artery above it, and returns when the pressure is removed, the case is aneurism.

When there is pulsation of the jugular veins, we are to apprehend an imperfect closure of the right auriculo-ventricular valves, in consequence of which, when the ventricle contracts, a part of the blood regurgitates to the auricles and veins.

In certain patients, if a stethoscope be lightly pressed upon the side of the neck, a continuous sound, without pulsation, is heard. It is sometimes buzzing and musical, at others it resembles the blowing of wind against the corner of a house. This sound is called by the French *bruit de diable*, and is now considered as having its seat in the jugular veins. It is chiefly found in chlorotic and anemic subjects, and is supposed merely to indicate thinness of the blood. Several varieties in this sound have been pointed out, which seem of not much practical consequence.

The average frequency of the pulse in healthy persons is from 70 to 75 in a minute. In tall and stout persons it is slower, and in females and irritable subjects, quicker. In infants during the first month, it averages 120, in the second year 90 to 100, and afterwards gradually diminishes. When the pulse is habitually slower than these rates, it commonly arises from idiosyncrasy. But if the slowness is of recent occurrence, and is great in degree, there may be pressure on the brain, or functional disturbance, as from narcotics. On the other hand, the pulse in health may be preternaturally frequent, from mere constitutional irritability, or from various exciting causes. But in most grave diseases a pulse which at all hours exceeds 120, indicates serious morbid affection, and a pulse of 140, if long continued and feeble, is indicative of danger.

When the stroke of a pulse is hard, strong, and simultaneous with that of the heart, it indicates a state which will bear depletion with benefit, or at least with safety. But from this rule we must except the reaction of pulse which sometimes follows excessive bloodletting or hemorrhage. On the other hand, when the pulse is feeble and easily compressed, and when it follows the stroke of the heart by a perceptible interval, it indicates an atonic state, in which depletion, for the most part, is contra-indicated. The radial pulse may become imperceptible in syncope, in great prostration, and in the moribund.

The radial pulse, says Dr. Williams, in general represents truly the number of the heart's contractions; it can never exceed them. But when the heart acts very feebly its pulsations may not reach the wrist; and when they are irregular in force, some may be propagated to it and others not, in which case the pulse will be intermittent. In some cases the heart, as well as the pulse, omits to contract. This irregularity may be functional, or it may be consequent on organic disease of the heart.

Syncope, or fainting, results from a failure of the heart in force, or frequency, or both. It may be occasioned by a great variety of causes, such as mental emotions, loss of blood, especially during an erect posture, violent mechanical injuries, sedative poisons, &c. Some persons faint readily, on slight occasions, from idiosyncrasy. The pulse at the wrist is weak, and often imperceptible during syncope. The sounds of the heart are also feeble in most cases, very short, and without a second sound, and generally irregular.

Hemorrhage takes place spontaneously in acute diseases, especially in fever, and likewise in different morbid changes of structure. It occurs most commonly from mucous membranes by exhalation, and less frequently by ulceration or rupture.

LETTERS FROM THE WEST.—NO. III.

CINCINNATI.—MEDICAL COLLEGE OF OHIO.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I arrived here about ten days since, and have been so delighted with everything which I have seen that I had almost forgotten my promise to write. Cincinnati contains about one hundred regular practitioners of medicine, which, in a population of 50,000, will give one physician to every five hundred. The institutions connected with the medical profession are two medical schools, two hospitals, and two medical societies. The most ancient of these is the Medical College of Ohio. This school has undergone more revolutions than any other in the United States. An application was made for its charter to the General Assembly of Ohio in 1818, by Dr. Drake, and in a year after the school went into operation with two professors. In the fall of 1820 a class of 24 was made up, and the following gentlemen delivered lectures—Dr. Drake, Dr. Bohrer, Dr. Jesse Smith, and Mr. Slack. The next year the distinguished Dr. Godman was chosen a professor, but resigned after lecturing one season. The second regular session had not closed before an internal war commenced with the faculty, and by the spring of 1822 it waxed furious, and at one of the meetings of the faculty (which had become reduced to Drs. Drake and Smith, and Mr. Slack) the following very laughable scene occurred. It will be well to mention here, that Dr. Drake, as president of the college, was dean of the faculty. The extract here given is taken from an old pamphlet published by Dr. D. in 1822, entitled "A Narrative of the Rise and Fall of the Medical College of Ohio."

"At 8 o'clock we met, according to a previous adjournment, and transacted some financial business. A profound silence ensued. Our dim taper shed a blue light over the lurid faces of the plotters, and everything seemed ominous of an approaching revolution. On trying occasions Dr. Smith is said to be subject to a disease not unlike St. Vitus's dance; and on this he did not wholly escape. Wan and trembling, he raised himself (with the exception of his eyes), and in lugubrious accents said, 'Mr. President, in the resolution I am about to offer, I am influenced by no private feelings, but solely by a reference to the public good.' He then read as follows, '*Voted*—That Daniel Drake, M.D., be dismissed from the Medical College of Ohio.' The portentous stillness recurred, and was not interrupted until I reminded the gentlemen of their designs. Mr. Slack, who is blessed with stronger nerves than his master, then rose, and adjusting himself to a firmer balance, put on a proper sanctimony, and bewailingly ejaculated, 'I second the motion.' The crisis had now manifestly come; and learning, by inquiry, that they were ready to meet it, I put the question, which was carried, in the classical language of Dr. Smith, '*nemo contradicente.*' I could not do more than tender them a vote of thanks, nor less than withdraw, and performing both, the doctor politely lit me down stairs."

In a short time lectures were suspended, and everything appeared symptomatic of dissolution. But the institution was revived, and to this day they have scarcely ceased making changes in their professorships, or enlisting in some bitter controversy. A most furious warfare has been carried on with the new medical school ever since its existence, and there is no telling when their quarrels will be at an end.

In 1831, Dr. Drake applied to the Trustees of Miami University for a medical department to be established in Cincinnati. The trustees, accordingly, met and organized one, and appointed a faculty upon the recommendation of Dr. D. Considerable trouble had been taken to secure the services of Dr. Eberle and Dr. Staughton, in this new school; but it never went into operation. An opposition arose, which crushed it before it had time to raise its head; and the two professors just spoken of, joined the Medical College of Ohio.

It is difficult for a stranger, at this crisis, to say whether or not this school is destined to flourish. It is the opinion of many here, that one or the other must go down, and I find there is great opposition to both institutions from the citizens. Each has its friends, each its foes. The professors in the old school do not, as a body, enjoy so extensive a reputation as those of the new school; but I believe they are gentlemen who give general satisfaction to the trustees and students. Dr. Mussey, the professor of surgery, is very well known throughout the Union; but I believe there is no other member of the faculty whose reputation extends out of the west.

I find the profession of the city very intelligent and sociable, and notwithstanding there is considerable private animosity on account of the schools, I have enjoyed myself very much in their social gatherings. In my next letter I shall give you an account of the new school.

Cincinnati, July 7, 1839. Yours, truly, W. J. B.

MEDICAL TOPOGRAPHY AND STATISTICS.

[At our solicitation, a few weeks since, T. P. Fitch, M.D., an accurate and scientific medical observer, residing at New Boston, N. H., kindly sent the following paper, which was originally intended for another publication; but it has been ascertained that its insertion there must be deferred on account of the voluminous accumulation of statistical matter. Without the writer's knowledge, the editor has taken the liberty of giving it a place in the Journal, presuming that it cannot be otherwise than acceptable to the reader. It is a specimen of the kind of articles on medical topography and statistics which we have repeatedly invited professional gentlemen in the country to furnish, and which we do not yet despair of receiving.]

New Boston contains about 6 square miles, consisting almost wholly of swells, which in many parts rise into elevated hills. It is situated about 10 miles west of the Merrimack, on branches of the Piscataquay (streams of sufficient size to turn saw and grist mills) which discharge into that river. The soil, though rough and hard, is fertile. Population, at last census, 1680 (since somewhat increased, probably), who are industrious, almost exclusively engaged in agriculture, and are *now* comparatively temperate.

During the seven years of my residence in town there has been no extensively fatal epidemic. Scarlet fever has often visited us, and in 1834 there were many cases, mostly, however, in a mild form. In more than 50 cases under my observation during that year, there occurred but 2 deaths, and one of these was from pneumonitis, commencing at the time of apparent convalescence from scarlatina. Measles have been prevalent to some extent three times during the period above named, with a moderate number of fatal results from the usual sequelæ of that disease. In 1833 a few cases of severe typhus occurred in a particular neighborhood, with, however, but one death; and last fall a similar disease made its appearance in one of our small villages, to which, with two or three exceptions, it was entirely confined. In this fever, though severe, and in some cases protracted from 4 to 6 weeks, of 20 cases occurring in town, 3 only were fatal. The same disease prevailed with considerable mortality in the neighboring towns.

Of the number of deaths in this town, my own correct record extends back but 5 years; from other sources I have obtained a list for the 8 years preceding. During the 5 years ending with the close of last December, the average annual number of deaths is 20, or 1 to 84 of population. Of these, 16, or 1 to 6 1-4 of the whole number of deaths, was from consumption; but under that head are included both tubercular disease of the lungs and chronic bronchitis, several complicated cases of the latter having occurred in intemperate subjects. During the 8 years preceding this period, including 1826, when, in part from a very bad fever, the character of which cannot now be ascertained, there were 31 deaths in a single year, the whole number of deaths was 200, or an annual average of 25—1 to 67 1-4 of population. If the record of these 8 years be correct (but there is some reason to suppose that it includes several who died in other towns and were brought here to be interred), the average of deaths during the 13 years ending last December is 23 1-3 annually, or 1 to about 73 of the inhabitants. These lists include both still births and accidental deaths.

In towns in this vicinity, and perhaps the same is true of places in the interior throughout New England, whatever records of mortality have been kept, are, for the most part, very imperfect, and it would seem to me that good might result if our medical societies would take immediate measures to remedy this defect in the statistics of New England. More information on this subject, from interior towns, than I have elsewhere seen embodied, has been published in a "Dissertation on the Boylston Prize Question for 1835," by that accurate observer and fine writer, Dr. L. V. Bell. Respectfully yours,

New Boston, N. H., July 10, 1839. T. P. Fitch.

ACUPUNCTURATION FOR HYDROCELE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Having been consulted in October last, in a case of hydrocele, where the tumor was very large, I tried acupuncturation in the following manner. With a common sewing needle (No. 12) guaged in a small pliers, I rapidly punctured the anterior inferior portion of the tumor in a dozen places. Most of the punctures discharged a single drop of the fluid contents of the sac. The tumor soon began to diminish in size, and, much to my own, and the satisfaction of the patient, in a few days disappeared entirely, and has not as yet returned.

In the preceding April, I had tapped a tumor of the same kind for another patient, who called on me a few weeks since to have the operation repeated, as the disease had returned. I operated on him with the needle as above described, and the operation has been entirely successful. Whether these patients will be troubled again with a recurrence of the disease, remains to be seen. Yours, with esteem,

Newark, N. J., July 19, 1839. Lyndon A. Smith.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 31, 1839.

AMERICAN PHYSIOLOGICAL SOCIETY.

The annual report of a society, of which we know but little, although its deliberations are held in our immediate neighborhood, has come from the press of Mr. Light, Cornhill. The professed object seems to be to teach the members, if no one else, what the Society considers the true mode of living. A prominent theme on the tongues of the speakers, at the anniversary meeting, was the importance of understanding the great principles of physiology—and yet the burden of a speech generally carried the orator on to the old ground of dietetics. The society is constituted of an indeterminate number, compounded of males and females, all of whom cannot be made profoundly conversant with a science of which some of the greatest men of the age have scarcely attained the elements. Now an incessant crusade against the dreadful sin of eating and drinking palatable food, such as the best and longest livers invariably enjoy with a good relish, is not *physiology*. The advocates of this system of radicalism, which would oblige the whole nation to feed upon a prescribed diet, under the vigilant eye of self-constituted conservators of the public health, do not make the proper distinction between science and speculation. Pretending to base their doctrines upon facts, they yet pay little attention to the mass of opposing ones which have been accumulating for centuries, and rely almost exclusively on recent experiments, few, comparatively, in number, and mostly furnished, too, by those already committed in favor of the new theory. To rant against those who differ from ourselves, invites ridicule, especially on a subject no way connected with sober scientific investigation. We sometimes think that both Dr. Alcott and Mr. Graham must laugh in their sleeves at their own success;

for certainly they know how to appreciate the attainments of the learned, and therefore in contrasting these sapient doings with what others have accomplished who are strictly cultivating physiological science, they must feel, one would suppose, that all is labor for naught.

Quack Dentists.—Having, in common with the whole community, a deep interest in whatever is designed to preserve individual health, and generally better the physical condition of our fellow beings, we have always regarded dental surgery in the light of an important branch of the art chirurgical, only to be practised by those who are carefully educated to the profession. Under the influence of this feeling, we have published, with pleasure, all such articles as were the result of the experience of the best dental operators in this country. Among the catalogue of contributors in this particular department, is Dr. J. F. Flagg, of Boston, who gave us an admirable paper, a few months since, to expose the utter fallacy of a pretended discovery of the *ligamentum dentis*, by a certain peripatetic dentist, residing at 270 Arch street, in Philadelphia, who signs his name Jo. F. Caldwell.

Last week this same immortal discoverer addressed us a letter, enclosing, besides his own delectable propositions, a printed sheet of certificates, certifying to Mr. Jo. F. Caldwell's professional accomplishments and dexterity. The character and value of the series may be gathered from a single extract, in which the signers say, "we pronounce him *the Prince of Tooth-extractors and the Chief of Surgeon Dentists*." Introductory to these tremendously elaborate credentials, having more words than sense, this "*chief of surgeon dentists*" announces, by a sort of proclamation to the sovereign people, that "he is ready to perform any operation in dental surgery, and will with pleasure administer to any, from the prattling boy to the aged adult; or from the lisping miss to the great grandmother, but he will not extract while gentlemen are present"! This precious document cannot be misunderstood by intelligent persons, because no attempt is made to conceal the fact that he considers himself, just as his friends represent him, the *prince of surgeon dentists*.

But we have reserved the most astounding part of Mr. Jo. F. Caldwell's letter till the reader has put himself in a posture to bid defiance to a sudden surprise. After roughly handling Dr. Flagg, he thus addresses our humble self—"If you will assure me your medical professors, dentists, physicians and citizens generally, of Boston, feel sufficient interest on the subject to listen to its discussion, and judge for themselves, and will provide me a large room, filled with an attentive auditory, and will advertise the public and myself of the place and day, I will give them a lecture." Admirable philanthropy! "Please insert this communication and the enclosed certificates," (*the prince of tooth-extractors, &c.*) "in your Journal, *as an offset to that of Dr. Flagg.*" What a horrible design! Further, for we must not pass Mr. Jo. F. Caldwell by without suitable ceremony, "I expect the necessary publications" (vulgarly called puffs) "and room will be furnished without charge. I will willingly lose the time and incur the expense of a trip (to Boston), to correct public impressions. Mail me a No. of your Journal containing this and any other, advertising the time and place of lecture, and oblige yours, respectfully, Jo. F. Caldwell, of Virginia, dentist."

This is but a single case of annoyance, such as we are haunted with, and such as medical editors, we opine, more than others, are obliged to bear. Were this correspondence extensively circulated, it is possible that the class of persons most imposed upon by quack dentists, would not so readily submit to the ignorant manipulations of strolling botchers of the human jaws.

Kappa Lambda Society.—Not many months ago a pamphlet was freely circulated, which emanated from the city of New York, and had for its object an exposition of what was represented to be the selfish and unprincipled designs of the members of a certain mysterious medical association, congregated under the cognomen of the *Kappa Lambda Society.* We read it, and were startled at the developments, and thus the impression has remained; and perhaps the feelings of distrust and indignation would have gathered something more by age, had it not been for a transcript of the records of this same horrible, intangible body, given to the world without hesitation; nay, without an air of being conscious of having done either a rude, ungentlemanly, or reprehensible act.

Divested of all machinery, and simply regarded as it now seems that it ought to be, without prejudice, out of New York, certainly, the Kappa Lambda Society is made up of a respectable catalogue of practitioners, who hold regular meetings like the Boston Society for Medical Improvement, at which the members relate the results of their professional observation and experience. Some of the cases thus permanently preserved, by being registered on the records, are intensely exciting. Now if the Society has been guilty of nothing more objectionable than what is discoverable in their published documents, it is quite certain that misrepresentation, if not genuine malice, had a hand in the construction of the red-covered pamphlet.

Geneva College.—There is evidence of a commendable zeal for the reputation of an institution, when the public are made familiar with all it is desirable to know, through circulars, catalogues and other publications. The medical department of this college, which has enjoyed the confidence of all from the first day of its organization, has sent abroad its annual prospectus of the next lecture term—for a copy of which the dean will please accept our thanks. Since the last term, William Usher, M.D., late of the city of New York, has been elected to the vacant professorship of chemistry, and carries with him a reputation that must be favorable to the character of the lectures, as a complete medical course. In connection with the college, there is a hospital, free of admission to the students. Further particulars may be obtained from our advertisement page. A gold medal is presented to the author of the best inaugural dissertation, at the conferring of the doctorates.

Medical Society of Tennessee.—Minutes of the last annual meeting, at Nashville, on the 26th of May last, are acknowledged. President, Dr. Felix Robertson. Dr. Robert Martin was elected secretary. The treasurer announced that the amount due the Society from its members, was $2,800. Each one is charged for absence; $5,00 also for absence from the annual meetings, since 1835. Those who neglect to deliver oratorical addresses, when appointed, are fined $25; and those who fail to read essays on medical topography, $10. It was ordered, hereafter, that the annual contribution fee shall be $2. A resolution was adopted, that nine members shall be sufficient to transact business. Dr. Hogg exhibited a worm extracted from the eye of a child, accompanied by a written statement. Dr. Dorris read a case of prolonged utero-gestation. Dr. Buchanan reported a case illustrative of the cause of spontaneous amputations of fœtal limbs in utero. Dr. Peyton Robertson read a case of tetanus. Dr. R. N. Dashiell reported a case of chronic enlargement of the spleen; and Dr. Henderson reported a case of soft cancer, and also one of ventral conception.

On the third day of the session, Dr. Thompson, of Rutherford, reported a case of mania, cured by bleeding. Dr. Treadway was appointed orator; Dr. Ramsay, of Knoxville, on the medical topography of East; Dr. Mc Phail, of Franklin, on the Middle; and Dr. Lea, on West Tennessee. The society finally adjourned till the first Monday in May next.

Wallace on the Eye.—A beautiful little work by our talented friend, Dr. William C. Wallace, of New York, entitled "A Treatise on the Eye, containing discoveries of the causes of near and far sightedness, and of the affections of the retina, with remarks on the use of medicines as substitutes for spectacles," from the press of Samuel Colman, is hereby acknowledged. In the course of another week, we shall have leisure for inspecting its contents, and examining its 55 xylographic illustrations.

Legal Responsibility of Females during Pregnancy and Parturition.—In the January number of the British and Foreign Medical Review, there is an able and impartial examination of a work which expressly treats upon this interesting subject, written by Professor Jöry, of Leipzig. The profession, to some extent, seem desirous of possessing the book; not on account of the false reasoning or absurd conclusions of the author, so praiseworthily exhibited by the reviewer; but for the sake of what it contains of intrinsic value—no where else to be found. If it has not yet been translated, a point not ascertained with us, the question arises, would it not be worth the while for some one having a familiar acquaintance with the language which now seals it up from a multitude of American physicians, to put it into English? It is presumed that a publisher might be found either in Boston or New York, who would be glad to engage in the enterprise.

Experiments with the Wourali Poison.—Some experiments were lately made in Nottingham, England, to show the influence of artifical respiration in preventing the fatal effects of certain poisons. The wourali poison was chosen, and to show the certainty of its action to destroy life, the first experiment was tried on a dog—a spear-head, covered with the poison, being inserted in an incision in the animal's side. In 52 minutes the dog ceased to breathe. The second experiment was performed on an ass, the arrow head being inserted in the lower part of the neck. In half an hour the breathing became difficult and irregular, the pulse had risen to 104, and soon after the animal fell as if dead, perfectly motionless, and the pulse could not be felt. An opening was immediately made into the windpipe, and a tube, with a pair of bellows attached to it, introduced, and put into action. As the lungs were inflated, they were emptied by pressure on the body. This process was continued regularly and steadily for *seven and a half hours*, at which time the animal commenced breathing by its own efforts. During this time the animal lay motionless and apparently lifeless; the extremities were to a certain extent cold, and the heart beat very feebly. From the time of animation he gradually but slowly recovered. The third experiment was on an ass younger and in better condition than the previous one. The poison was inserted in a similar manner, but only a fourth part of the quantity used. The animal fell, senseless and motionless, in 34 minutes. Artificial respiration was carried on for two hours, when natural respiration commenced. In six hours the ass got up and stood by itself. This experiment showed how much sooner the animal may be restored after a smaller dose of the poison, and that its effect is much more transitory—notwithstanding the doctrine lately broached by one of our correspondents, that the smaller the quantity of poison, the greater the injury. The fourth experiment was on a spaniel, in whom pulsation ceased in nine minutes.

Cases of Bronchitis.—Dr. A. D. Bacon, of Gloucester, Mass., informs us that three cases of this affection in clergymen have lately come to his knowledge. "One," he says, "in which the disease was most severe, was a veteran in the use of tobacco; another has been in the habit of taking water while speaking, at least since the accession of the disease; the other, if I am rightly informed, takes neither." The Pen Yan (N. Y.) Democrat states that the Rev. Thomas J. Champion, late pastor of the Methodist Episcopal Church in that village, who was an habitual and excessive chewer of tobacco, has been severely afflicted with the throat disease.

Ohio Medical Convention.—Committees were appointed to report at the next meeting of this convention, on the topography and diseases of Scioto, Cuyahoga and Beaver vallies, and of the vallies of the Sandusky and Maumee; on the use and abuse of stimulating drinks, of which alcohol is a component part, and how far it is a necessary article of the materia medica; on the use and abuse of the various forms of mercurials in the malarious and other diseases of the western country; on the importance of auscultation and percussion in diseases of the chest; on the truth and utility of animal magnetism.

The following resolution was adopted by the convention, as reported by the committee on the subject of alcohol, &c., "That alcohol, which is the intoxicating quality of distilled and fermented beverages, induces and aggravates most of the diseases to which the human frame is liable; acting as a poison on the system: destroying the mental and physical powers of the same, and carrying ruin, disgrace and death into families and the community. That the entire disuse of all such beverages must greatly increase the general health, prolong the lives, and promote the happiness of society."

The convention was attended by a large number of medical gentlemen from different parts of the State, and business transacted which may result to the benefit of the public and the science of medicine.

The pamphlet containing Dr. Hildreth's address, has accidentally been mislaid; it will oblige us if some person having duplicates will have the goodness to send one to the address of the Journal.

Censors' Meeting.—Candidates for license will keep in recollection that the Censors of the Massachusetts Medical Society, for the first Medical District and for the Society at large, will hold their meeting at the Boston Athenæum, this day, at half past three o'clock, P. M.

Married,—In Andover, Mass., Dr. Francis Clarke to Miss Sarah F. Marland.

Died,—At Watertown, Mass., by suicide, Nathaniel Bemis, M.D., 54.—In Richmond (Texas), Dr. Benjamin Austin, 46.—Near St. Marks, Florida, Dr. Clark, a surgeon in the U. S. Army.—At Hartford, Ct. Wm. H. Morgan, M.D., 42.

Whole number of deaths in Boston for the week ending July 27, 34. Males, 15—females, 19.
Of consumption, 4—sudden, 1—scarlet fever, 3—inflammation on the brain, 2—hooping cough, 1—dropsy on the brain, 2—dropsy, 1—intemperance, 1—abscess on the liver, 1—child-bed, 1—old age, 1—cholera infantum, 4—dysentery, 1—infantile, 3—bilious fever, 1—drowned, 1—lung fever, 1—abscess on the brain, 1—stillborn, 3.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by	John Augustine Smith, M.D.
Theory and Practice of Physic, by	Joseph M. Smith, M.D.
Materia Medica and Medical Jurisprudence, by	John B. Beck, M.D.
Chemistry and Botany, by	John Torrey, M.D.
Special and General Anatomy, by	Robert Watts, Jr., M.D.
Surgery and Surgical and Pathological Anatomy, by	Willard Parker, M.D.
Obstetrics, by	James R. Manley, M.D.

Fee for the whole course, $108.
New York, July 24, 1839.

J. AUGUSTINE SMITH, M.D., *President.*
NICOLL H. DERING, M.D., *Registrar.*

Jy 31—eoptO15

GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the 1st Tuesday of October and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. Spencer, M.D., Geneva.
Obstetrics and Materia Medica, by	C. B. Coventry, M.D., Utica.
Anatomy and Physiology, by	James Webster, M.D. Rochester.
Surgery, by	D. L. Rodgers, M.D., Geneva.
Chemistry, by	William Usher, M.D.

Medical Jurisprudence, by the Professors of Chemistry and Anatomy.

Thomas Spencer, M.D., *Registrar.*
Geneva, July 16, 1839.

C. B. COVENTRY, M.D., *Dean.*

Jy 31—tO

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT OF THE STATE OF N. Y. (FAIRFIELD, HERKIMER CO.)

The Lectures commence on the first Monday in October, and continue sixteen weeks.

Anatomy and Physiology, by	James McNaughton, M.D.
Chemistry and Pharmacy, by	James Hadley, M.D.
Materia Medica and Medical Jurisprudence, by	T. Romeyn Beck, M.D.
Practice of Physic and Obstetrics, by	John Delamater, M.D.
Surgery, by	Frank H. Hamilton, M.D.

Fees for the whole course, $56.

JAMES HADLEY, *Registrar.*

Jy 17—4t

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	John C. Warren, M.D.
Chemistry, by	John W. Webster, M.D.
Midwifery and Medical Jurisprudence, by	Walter Channing, M.D.
Materia Medica and Clinical Medicine, by	Jacob Bigelow, M.D.
Principles of Surgery and Clinical Surgery, by	George Hayward, M.D.
Theory and Practice of Physic, by	John Ware, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.
Boston, July 10, 1839.

Jy 17—tN

BERKSHIRE MEDICAL INSTITUTION.

The Annual course of Lectures in this Institution will commence the 8th of August, 1839, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. Childs, M.D.
Chemistry, Botany, and Natural Philosophy, by	C. Dewey, M.D.
Pathological Anatomy and Materia Medica, by	Elisha Bartlett, M.D.
Anatomy and Physiology, by	Robert Watts, M.D.
Surgery, by	Willard Parker, M.D.

Fee for the course of lectures, $50; fee for those who have already attended two full courses at an incorporated medical school, $10; graduation fee, $18; board, including room-rent and lodging, as at other country institutions. Library fee, according to the number of books taken out.

Fellows of the Massachusetts Medical Society, and others, who have received the degree of Doctor of Medicine, are admitted gratuitously to the lectures.

Degrees are conferred at the commencement and close of the Lecture Term. The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are—three full years' study under a regular practitioner of medicine—attendance on two full courses of medical lectures, in medical institutions regularly established, one of which courses must have been attended at this institution—a defensible thesis on some subject connected with medical science—an adequate knowledge of the Latin language, and a good moral character.

The examinations will be held in presence of the Trustees, Faculty, and Overseers of the Institution, and of a Delegation from the Medical Society. The thesis must be publicly read and defended. Gentlemen who intend to present themselves as candidates for a degree, are particularly requested to procure full and formal certificates of time and age.

Jy 3— *By order of the Faculty*, ROBERT WATTS, Jr., M.D., *Dean*.

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry, Davies, Conquest, Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess d'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D. Professor of Midwifery in University of City of New York; Professor Delafield, Professo Francis U. Johnson, Pres. County Medical Society; Laurens Hull, Pres. Med. Society State of New York; Prof. James McNaughton, Albany; Professors March, Cyrus Perkins and Doane; James Webster, Prof. Anatomy and Surgery, Geneva; David L. Rogers, Prof. Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States. AMOS G. HULL, Office 4 Vesey St. Astor House, N. York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham Street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $10. Feb. 23—6m

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.
Oct. 17—1yeop

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XX. Wednesday, August 7, 1839. No. 26.

ON APPLYING LIGATURES TO ARTERIES. WITH A HISTORY OF TWO CASES.

TRANSLATED FOR THE MEDICAL AND SURGICAL JOURNAL, FROM A LATIN MANUSCRIPT OF PROFESSOR PORTAL, OF PALERMO, SICILY.

The object of applying ligatures to arteries is their obliteration; and in whatever manner this may be done, the greatest care must be, that obliteration shall be effected. Hence we must most sedulously study inflammation, as this produces in living organs effects either harmful or salutary. For by inflammation we know that parts coalesce and adhesions are effected, that ulcerations and suppurations arise, and that serous surfaces, when in contact, cohere together. We know, also, that inflammation is harmful if it exceeds certain limits; and if it is restrained within them, and does not vary from a normal state, is beneficial. But when we are treating of tying the arteries, we must venture and inquire farther; namely, what results take place upon the arteries from, or how they are affected by, inflammations of a strumous, or a venereal, or a scorbutic character, and by all other affections depending upon diatheses; and how these influence the adhesion of the arterial parietes, and the obliteration desired. We must inquire how far the economy will bear the subtraction of blood, to the end that the blood may not be too ardent, and yet may remain adequate to effect an inflammatory effusion, as of plastic lymph, which may concrete and form a cement. Also in what way and how far any vice produced in the arteries by diatheses may be corrected, so that the operation may be borne without unduly exciting and inflaming the organs, and thus may terminate favorably. In a word, a pathological condition is to be established, and a true indication, which may rest firm upon therapeutics guided by reason and experience, so that not only a successful operation, but also the end of the operation, namely, the restoration of the patient, as well as an increment for science, may be obtained.

Let not the operator here pass by any mixture of diseases by which accident may be involved; and when they may be corrected or removed, let him not proceed to the operation contrary to the indication. It is certainly matter for grief, if not for shame, that after an operation of ligature perfectly well performed, the result should be still doubtful, and that the undertaking, well commenced, should terminate fatally, when, perhaps, if the indications had been attended to, it might easily have succeeded.

Having these things in view, I have undertaken to write the history of two cases of arteries tied, which bear upon what has been said above, and ought, therefore, not to be passed by.

Two men have presented themselves to me the past year, both contaminated with the venereal poison; one suffering from popliteal aneurism, the other from hemorrhage from the femoral artery a little above its superior third. The former entirely recovered, though the aneurismal tumor in the ham had the enormous circumference of forty-two inches. But the other, whose external iliac I tied, sank miserably under subsequent hemorrhages, which could not by any means be prevented or checked. The former, however, was treated as if in a sound state, the venereal taint being almost extinguished; whereas the latter presented a habit of body altogether inauspicious, for the femoral was corroded by phagedenic ulcers, and the advancing gangrene and ulceration involving the parts concerned in the operation, caused the fatal hemorrhage. In the autopsy, however, sufficient was observed to show how much nature strives for our preservation; inasmuch as the artery was found in great part obliterated, and certainly in a state to resist the impulsion of the blood. It is therefore especially to be considered, before we come to the operation of tying, how the disease and obstacles which contra-indicate it may be removed, or at least may be so far repressed that a favorable result may be rendered probable. In men laboring under lues venerea this is particularly to be attended to; for experience has sufficiently proved to me that men of this class are especially afflicted with aneurisms, and that most usually every aneurism has its beginning in lues.

As to the method of tying, it always seemed to me dangerous to tighten the ligature strongly, since from this there arises for the most part ulceration of the artery and consequent hemorrhage. This, I think, arises from interrupting the circulation, by which the part now constricted was nourished. In order to avoid danger from this source, I always employ the double ligature for permanency, so that without strong constriction the parts may come in mutual contact, and the circulation proceeding freely, ulceration may be prevented. Nor have I deceived myself herein by reasoning; daily experience with brute animals, and with men laboring under aneurisms or arterial lesions, sufficiently declares it. Simple constriction, and this not close, lest solution of continuity should result, is in my judgment the only correct method of applying the ligature.

Case I. C. B., from the island of Lipara, aged 20, of lymphatic temperament and moderate firmness of body, and having frequently suffered from venereal troubles, entered the hospital July 27th, 1838, on account of a tumor in the right ham, with which he had been afflicted for a month. He had before overcome venereal ulcers, buboes, hemorrhage, and pains in the joints, by mere rest and the milder therapeutic aids; and he hoped in the same way to be soon relieved from this tumor in the ham. By the advice of some physician he had applied to the tumor a liniment composed of oil of almonds, camphor and opium, but without benefit, the tumor enlarging from day to day.

In the hospital an ointment prescribed on account of the venereal troubles which had preceded, was applied, by which for two days the pains seemed to be mitigated. But the day following the pains in the ham became more intense, and the tumor still increasing and pulsating, emollient cataplasms and refrigerant drinks were administered, but in vain. Neither was any advantage derived from the extract of belladonna, nor from the water of cherry laurel, and finally the patient was transferred from the medical to the surgical department.

The surgeon who first met with him attempted to compress the tumor with bandages wet with a decoction of oak bark; by which ill-timed application the pains were aggravated, and a violent fever began to be excited. Moreover, inflammation extended itself over the greatest part of the limb, and from many discolored and livid spots there appeared to be danger that the aneurismatic tumor, which was now more than forty inches in circumference, would prove fatal by rupture. It was then that I, by invitation, visited the patient, and immediately removing all compression, that the vital motions and the respective circulations might go on freely, it appeared that ligature of the femoral artery was in the present state of things the only remedy. This, therefore, being approved of by several professors of the hospital, we immediately set about preparing the patient for the operation.

An incision of three inches was made in the triangular space near the margin of the sartorius, which was sufficient for penetrating to the aponeurosis. This I laid open, and the envelop presented itself, in which the femoral lies with its respective vein and nerve. This also was laid open, and with an eyed probe a small fillet composed of three linen threads waxed, was conveyed from within outwards. I first tied a knot, by which the popliteal ceased to pulsate at the tumor; then proceeding to the second knot, and bringing out the threads at the upper border of the wound, I dressed it with lint, which was medicated with Galen's cerate. I then bound up the wound itself, with a containing bandage of eighteen heads. The operation being thus finished, and the man laid in bed, I prescribed the utmost quiet, rigid diet, cold fomentations and cold drinks.

Scarcely an hour having elapsed after the operation, the patient suffered violent pains in the wound and the corresponding groin; he afterwards fell into a sound sleep. As he tossed about while asleep, the position of the hips becoming much altered, the artery above the ligature began to pulsate forcibly, the general circulation being also accelerated, and the face being flushed. Venesection was therefore prescribed, and loss of blood to eight ounces, followed by cold fomentations of vinegar. The venesection was followed by mitigation of the symptoms. At evening, when the extremities grew cold, they were restored to their normal temperature by warmed woollen cloths.

The day following the heat of the limb was normal, the tongue moist, but the bowels costive. Castor oil was prescribed, but excited vomiting, and drinks acidulated with cream of tartar and sweetened, were substituted. By this means copious evacuations of fæces and urine were produced. At evening the pulsation of the vessels being more rapid and hard, and a general feverish heat prevailing, we again produced a mitigation of symptoms by venesection and drinks saturated with cream of tartar. He passed a tranquil night, and slept five hours.

The third, fourth and fifth days, the temperature of the patient was elevated, and the pains about the ligature were severe. We directed tartarized drinks, which procured the expulsion of fæces, which were exceedingly offensive.

Sixth day. The lint, which was filled with sanies, was removed, and the wound again dressed with lint smeared with ointment. Adhesion had now taken place at the inferior part of the wound. On the seventh or eighth day a third venesection was made, and an infusion of the leaves of digitalis was administered, which was of the greatest benefit.

Ninth day. The dressing being tinged with blood gave us some alarm; but this ceased when the blood was seen to proceed from the margin of the wound itself, and not from the artery tied. On the tenth day a kind of cicatrix was formed upon the wound, but the pulse was harder, the face flushed, and the heat great. A fourth venesection procured quiet to the patient.

The eleventh and twelfth days, the same course of symptoms. On the thirteenth day he was placed upon a new bed, and lint was applied anew. The tumor opened itself, and discharged black and excessively offensive clots; it was smeared with ointment of storax, and covered with an antiseptic poultice. On the fourteenth day, pus still more fetid flowed from the opened tumor, but the swelling of the parts involved in the operation was found subsiding; storax ointment and an antiseptic cataplasm again applied. Internally, potions with cream of tartar, and chicken broth.

Fifteenth day. The ligature was cast off, and from the tumor flowed a sanious fluid to the amount of nearly four pounds, having the color of wine lees, and exhaling a cadaverous odor. The wound was dressed as usual, and upon the part operated on was applied a bandage after the manner of Scultetus. This was sprinkled with diluted vinegar, and chicken broth directed to be given.

Between the sixteenth and eighteenth days the wound from the ligature, now almost healed, was touched in the centre with nitrate of silver. Tumor diminished. Internally ass's milk and Iceland moss were prescribed.

Nineteenth and twentieth days. The tumor discharged a more tolerable pus. A livid spot appearing upon the little toe of the right foot, was covered with an antiseptic poultice; and between the twenty-first and twenty-second a slough fell off.

Twenty-third and twenty-fourth. Three ulcers made their appearance; one upon the superior and outer part of the right foot, another upon the external malleolus, and the other at the lower third of the leg. They were dressed with storax ointment, pulv. china and camphor, and an antiseptic cataplasm.

Twenty-fifth day. The enlarged ulcers are verging to gangrene. Spontaneous dislocation of the little toe took place. The use of antiseptics, ass's milk, and Iceland moss, continued without intermission.

On the twenty-sixth day, another similar ulcer appeared at the ankle, near the internal margin of the foot.

Twenty-seventh and eighth. The wound of the operation now healed, and a cicatrix formed. The wound of the tumor appears sprinkled over with fleshy globules. The ulcers upon the leg and foot more extended and deeper; neither topical nor general remedies check their course. Excruciating pains were excited in those parts, and such swelling took place, that gangrene becoming imminent, amputation of the leg was by common consent proposed for the following day.

Thirtieth to thirty-fourth. Amputation is deferred; the state of the patient, in the mean time, being a little improved.

Thirty-fifth day. By an ill-timed movement, an application of the aqua phagedenica is made to the ulcers, which are once more aggravated. From this time all mercurial treatment was avoided, and we were contented with the mere application of Galen's cerate.

Thirty-eighth day. Application of the actual cautery was made to the ulcers, and those points being destroyed which were verging to gangrene, their color was changed to a purplish red. The following day vegetation shot forth, and at some points cuticle was formed.

On the twenty-seventh of October, and the fortieth day from the operation, the patient was cured in all respects, excepting an ulcer at the ankle, which was kept up by caries of the os calcis. This, also, we treated with the cautery, and it being rapidly healed, he soon left the hospital wholly well.

Case II. A. B., a Panormian, aged 30, in the employment of a servant, of firm constitution, but of dissolute habits, had repeatedly been a subject of venereal buboes, and at length becoming violently affected with them, entered the great hospital of Panormo for relief. The mercurial frictions and diaphoretic ptisans there administered, at first mitigated the articular pains which he almost habitually suffered on account of inveterate and neglected venereal infections. There was also an improvement in a bubo from which he was suffering in the left groin. But another bubo, which had appeared in the right groin, quickly taking on inflammation, and passing to the period of suppuration, compelled the physicians to transfer the patient to the surgical department. Being received there, the tumor was immediately covered with an emollient cataplasm until it became entirely fluctuating. Fluctuation being evident, a large incision was made, through which flowed an abundance of sanies. The wound was then dressed with lint smeared with digestive ointment. A few days having elapsed, and the ulcer becoming worse, it was moistened with the aqua phagedenica, but to no purpose, it growing rapidly worse. In this state of things, china, as a most approved antiseptic, was applied both in decoction and in powder, with the addition, moreover, of opium and camphor. But no benefit accruing from these, the house surgeon, thinking that the inguinal glands were an obstacle to cicatrization, undertook to remove them; afterwards dressing the part with lint and storax ointment.

The next day, the patient going to the water closet, and making use of some straining, perceived blood flowing from the groin. He endeavored, as well as he could by compression with his hands, to stop the hemorrhage; and the surgeon hastening to his assistance, and learning the state of things, without delay applied effectually compression with dry lint, which was confined by an inguinal bandage.

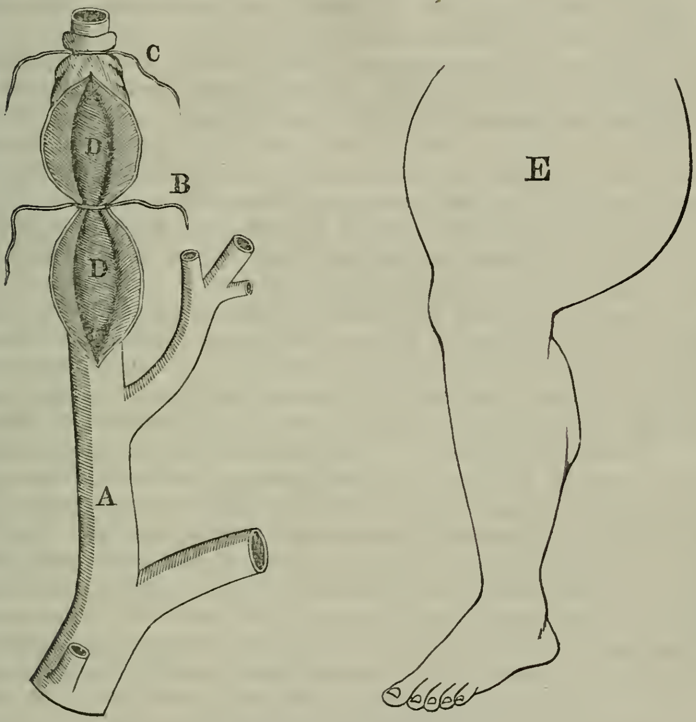
The great danger of this hemorrhage being perceived, in a medical council held upon so grave a case, we proposed to apply a ligature to the external iliac. While the discussion was still going on as to the necessity of this operation, the hemorrhage again appeared in a more violent and alarming form, and could not be checked until the pulse of the bloodless and almost lifeless patient had nearly vanished, and respiration was almost extinct. All doubt being then removed, that certain death would follow a third attack of hemorrhage, I proceeded, as director of the surgical establishment, to tie the iliac; which operation had been performed with us but once before.

An incision of three inches being made at the lower convexity of the anterior iliac spine, above the symphysis pubis, and having made the incision through the skin and adipose layer, I then with a director ran through the various subjacent layers, the superficial fascia and the intermuscular fascia of the oblique muscles, laying bare the spermatic cord, and securing it to the superior margin of the wound; and the fascia of the transversalis now presenting, I with my fingers and a director separated the meatus, through which appears the entrance to the inguinal canal. Coming now to the epigastric and proceeding by it to its origin, I reached the internal margin of the psoas, and at length the artery itself. This I separated, and with an eyed probe passing a ligature from within outward, I tied with a first and second knot. Finally, the extremities of the ligature being fixed at the upper border of the wound, I dressed the wound itself with a tuft of lint smeared with Galen's cerate, with graduated compresses, and a bandage of eighteen heads.

The patient passed the day of the operation and the following night in a state of stupor and great debility, the pulse being smaller and the temperature lower than natural. Liquid nourishment was administered, and heat was restored to the extremities by means of heated wool.

The following day the dressing was found to be soaked with sanies. The wound was foul, and of an unfavorable aspect. The third day the dressing was tinged with blood, which proceeded from the bubonic wound. The circulation was restored in the crural artery, through the epigastric and circumflex iliac. That this circulation might be resisted, as the fungous and gangrenous condition of the wound were opposed to it, it was necessary to apply a ligature *en masse;* which being done, the patient appeared more tranquil and quiet. But it was a false tranquillity, and the insidious quiet of gangrene. Indeed, soon after, the whole region of the nates, as far as the groin and hypogastrium, was covered with livid and gangrenous patches, the pulse became smaller and intermittent, the countenance was struck with the livor of death, a cold sweat broke out, and death took place on the night of the twenty-ninth of December.

Examination of the body being made in presence of the professors of the hospital, who also had witnessed the operation, the ligature itself was found an inch above the origin of the two collaterals of the external iliac. The artery in the situation of the ligature had formed adhesions, so far as not to allow the passage even of a bristle. The viscera enclosed in the cavity of the abdomen partly exhibited signs of deep inflammation, and partly of manifest gangrene. The artery, from the seat of the ligature to the heart, was found in a normal state; the thoracic organs and the encephalon were wholly intact.



Explanation of the Engraving.

Fig. 1st. A. Primitive iliac artery.
B. External iliac, and situation of the ligature.
C. Second ligature, *en masse*, of the epigastric and circumflex arteries.
D D. The coagulum by which the artery was rendered impermeable and adherent.
Fig. 2d. E. Aneurismatic tumor in the ham, having a circumference of forty-two inches.

MEDICAL BOTANY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—It affords me much pleasure to perceive that you have noticed, in your valuable Journal, "Lee's Medical Flora of North America," which is shortly to appear. Suffer me to give you a more detailed account of it, for such a work is in fact a desideratum in the United States.

The works of Bigelow and Barton, with colored engravings, are most valuable, splendid and useful, and it is much to be regretted that the continuance of their publication could not be sustained. They are beautiful memorials of the state of the fine arts in our country. These works, on account of their expense, are beyond the reach of the majority of the readers for whom they were intended, and for general works on medical botany, the number of plants described in them is by far too limited. These publications are, in fact, but the commencement of a plan, which, as the country grows older, I hope may be perfected. Rafinesque has published a small Medical Flora of the United States, in two duodecimo volumes, with plates colored green. This work, also, is confined within too narrow limits; but it is valuable as far as it extends, and helps to supply the vacancy in the history of our vegetable materia medica. The field has not yet been sufficiently explored. The science of medical botany is yet in its infancy in America. Lindley's Flora Medica, although a valuable work, has done but little to aid physicians in their investigations on this subject.

To supply the above defects, Dr. Charles A. Lee, of the city of New York, late professor of Materia Medica and Medical Jurisprudence in the new university of that city, a gentleman every way qualified by his industry and extensive researches in medical science, has issued proposals for publishing, by subscription, "A New Medical Flora of North America, containing a description of all the known medical plants growing north of Mexico, with a full account of their medical properties and economical uses. Arranged according to the natural system. Each plant will be represented by an accurate wood engraving. The work will be published in two octavo volumes, of 600 pages each; each volume to consist of two parts of 300 pages each, one dollar and seventy-five cents a part, payable on delivery. The work will be put to press as soon as a sufficient number of subscribers are engaged to warrant the undertaking. One part will appear every six months till completed."

It is the intention of Dr. Lee, in this work, to be very full on the economical, as well as medical, properties of the plants which he will describe. He intends that the work shall be as complete as possible, and that it shall contain all that has as yet been known on the subject of which it treats. He will endeavor to procure the aid of a good analytical chemist, who will give a correct analysis of every plant. The cuts are to be executed by one of the best wood engravers in the city of New York, and will be nearly as useful, but far less expensive than those of Bigelow and Barton. He will have access to the collection of plants in the Lyceum of Natural History in New York, and to Dr. Torrey's, which are probably the largest and best in the country; and also to their libraries, which are acknowledged to be the best in the Union upon the subject. He will also have the assistance of Drs. Torrey, Gray and Beck, of New York, when wanted; also of Bigelow, of Boston; Tully, Ives and Hooker, of New Haven; several in Philadelphia, and in other places. Under such auspices, the work cannot fail of being extensively useful; and as the price is so small, it will come within the compass and means of every physician in our country, and it is much to be hoped that it will be procured by all of them.

Dr. Lee is very favorably known as the author of several valuable communications in the American Medical Journal; and of Human Physiology for the use of Elementary Schools, a work with numerous plates, which has passed through two editions within a year. This work justly deserves and receives the approbation of the most correct judges, and I trust, like your Class-book of Anatomy, Mr. Editor, it will soon be adopted in all our elementary schools. When the science of the formation of our bodies, the science of life, or physiology, and the science of natural history, shall be studied in our schools, we shall expect to see more correct and useful systems of education promulgated than are now taught.

Permit me, while on the subject of medical Botany, to state that I have, not long since, examined two quarto volumes in manuscript, with one hundred elegant paintings, of the splendid plants and flowers of Cuba, in the West Indies, by Mrs. Woolstoonecrafte, sister of Miss Kingsbury, author of several school books, &c., and I have been highly pleased with the examination. Each plant occupies a large quarto page of letter paper, elegantly colored in imitation of nature, with an appropriate description. It is a subject of deep regret that the country is not wealthy enough to encourge the publication of such a work, which would add greatly to the renown of the United States as a patron of science, literature and the fine arts.

The natural history of tropical climates is more interesting than that of colder regions, although the subject will well repay the naturalist even here. It is the most fascinating of all sciences, and I should be glad to devote more attention to it, would my leisure allow of it. As yet we know but little of the natural history of the West Indies. What I have seen of it in books, convinces me that the investigation of the subject would be highly interesting and useful. Even the natural history of our own country becomes more interesting the farther south we travel. In proof of this we need only to refer to the immortal works of Audubon and of Wilson, in their splendid American Ornithologies; of our celebrated countryman William Bartram, in his travels in Florida, Georgia, &c.; of the celebrated naturalist Kalm, and many others.

Unfortunately for the science and literature of the country, we are too much engaged in the pursuit of wealth through the medium of trade and commerce, to devote a great share of attention to the fine arts. The work of Wilson was suffered to languish for the want of patronage, but it finally succeeded, and passed through three or four editions, and has covered the author with imperishable laurels. Audubon's work, which is on a more magnificent and splendid scale, would certainly have failed had it not been for the patronage of kings, nobles, and aristocratic institutions in Europe. It received but few subscriptions in America, and it is not to be wondered at, as the subscription price of it was eight hundred dollars a copy.

It is problematical whether Mrs. Woolstoonecrafte's work would succeed in England. She has not said much upon the uses of the plants she has described. Medical botanies upon the same plan, with colored plates, have been the only ones which have received the patronage of the public in Europe, or in the United States, with the exception of the splendid work of Michaux on the Forest Trees of the United States. Others may have been published, but I do not recollect to have seen many except the Botanical Magazine, Sowerby & Curtis, and Woodville. The Flora Danica is one of the most splendid works on continental Europe. But of all the works which have ever appeared in Great Britain, and, I am told, in the world, on the subject of botany, "the Philosophy of Botany, or Temple of Flora, or Garden of Nature," is the most superb and splendid. It was to have been published in 100 numbers, with 550 plates, at 2*s*. 6*d*. sterling a number. Whether it was ever completed, I do not know. It was not only a splendid monument of the fine arts in Great Britain, but it added lasting renown to her science and literature.

One of the most elegant works I ever saw upon natural history, was owned by Mr. Newton, President of the Pittsfield Bank, who formerly resided several years in the East Indies. It was in folio, and embraced the subjects of ornithology, entomology, botany, &c. I was struck with the gaudy appearance of the plumage of the Indian birds, and with the beautiful butterflies of that country. The foliage and flowers of East Indian plants far surpass those of plants in this region. Red and yellow are the predominant colors of the flowers. This work was all done by hand, without the aid of plates, by East Indian artists. It cost several hundred dollars, and was too dear for publication.

In my courses of lectures the ensuing fall, at Hanover, and at the Willoughby University in Ohio, upon medical botany and materia medica, I shall be able to show the classes more than three hundred paintings of medical plants, accurately drawn, principally from nature, besides dried specimens carefully preserved.

Deerfield, Mass., July 23, 1839. STEPHEN W. WILLIAMS, M.D.

PENNSYLVANIA HOSPITAL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In accordance with a desire expressed in your Journal a few weeks back, for information in regard to our different medical institutions, I herewith forward to you some items relative to the Pennsylvania Hospital, extracted from their different official reports.

Philadelphia, July 22, 1839. Respectfully, G.

Attending Physicians.—Benjamin H. Coates, M.D.; George B. Wood, M.D.; Thomas Stewardson, M.D.

Attending Surgeons.—Thomas Harris, M.D.; Jacob Randolph, M.D.; George W. Norris, M.D.

Physicians to the Lying-in Department.—Charles Lukens, M.D.; Hugh L. Hodge, M.D.

Resident Physicians.—J. Forsyth Meigs, M.D.; Alfred Stille, M.D.

The physicians and surgeons of this hospital render their aid gratuitously. Students of medicine who attend the practice of the hospital pay a fee of ten dollars each for the privilege, which fees are devoted to the foundation and endowment of a medical library, which now consists of about seven thousand volumes, comprising a large proportion of the most valuable ancient and modern works on the science of medicine, with many rare treatises on botany and other branches of natural history. Students have the privilege of using this collection while attending the hospital practice.

The average number of patients maintained in the hospital during the past year, has been 210, of whom 101 were pay, and 109 poor patients.

Of the poor patients admitted in this year, 266 were persons who had sustained accidental injury, received without security, and treated at the expense of the institution. Of this description were also 22 of the cases remaining in the hospital at the close of the preceding year.

The patients treated in the hospital during the last ten years have been as follows.

	Poor.	Pay.	Total.
Official year ending in 1830	782	561	1343
1831	724	622	1346
1832	700	673	1373
1833	699	592	1291
1834	702	512	1214
1835	760	464	1224
1836	748	495	1243
1837	695	483	1178
1838	759	487	1246
1839	740	428	1168

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 7, 1839.

A TREATISE ON THE EYE.*

Dr. William C. Wallace, of New York, the author of this compact, yet comprehensive little work, has been revising and correcting the first edition with commendable care, and the second now embodies the latest discoveries in the anatomy of the visual organs. He traces the mechanism through a series of animals, in a manner very plain even to those unacquainted with the language of anatomists. The eyes of the halibut, turtle, rhinoceros, lobster, &c., are not only very successfully drawn, but they also explain that system of graduated mechanism by which the various orders of animals are fitted to their destined localities, at once interesting to the general student and to the christian philosopher, and are amongst the most beautiful examples of design in the organization of the animal frame. Perhaps the physiologist will derive as much profit from the chapter on the fibres of the retina, and the doctor's observations on the apparatus by which the eye is adjusted to distances, as from any others in the work. The function assigned to the ciliary processes, however, must not be overlooked in our admiration of other topics.

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* A Treatise on the Eye, containing discoveries of the causes of near and far-sightedness, and of the affections of the retina, with remarks on the use of medicines as substitutes for spectacles. By William Clay Wallace, Oculist. Second edition. New York: Samuel Colman, Astor House. 1839.

For the last two or three years we have occasionally heard of the advances which Dr. Wallace had made in unfolding the obscure anatomy of the eye; but hardly credited it all, knowing that in the ardor of scientific investigation men of the greatest powers of discrimination are frequently deceived by their own imaginations, even when the most indefatigable in the pursuit of truth. For ourselves, we have no longer a remaining doubt upon the subject; that he has made new and important discoveries, and therefore essentially accelerated the progress of science, cannot be questioned by those who carefully compare his dissections with the other latest publications on the same subject.

It is one of the gross mistakes of approaching age, that people at such times imagine a necessity for spectacles, when, in fact, in eighty cases out of a hundred, the eye-sight is positively injured by them. If we tamper with our eyes, and interpose glasses between the cornea and the object, a re-modification and re-adjustment of the parts within necessarily follow—and when this new arrangement has once been established, it is no easy matter to restore the organs to their former primitive condition. Age brings with it a relaxation of the tension of all the tissues, and the eye suffers temporarily with the entire system, but soon reacts, having within its own constitution a principle of adaptation, according to the circumstances, habits and condition of the individual. From forty-five to fifty, a period when glasses are erroneously supposed indispensable, were they not resorted to at all, although there be a defective vision at the former focal distance, in reading, for example, the sight would soon begin to improve, and finally, to all intents and purposes, in a majority of instances, would be re-established. It is a law, and strange it is that its indications are not more observed, that the eye, at every period of life, will accommodate itself to the wants and necessities of the individual—provided it is not artificially deranged. Imperfect vision, the evils of near-sightedness, and the misfortune of not seeing distinctly in old age, were never heard of as being universal till opticians had become numerous. We do not deny the utility of spectacles after they have once been resorted to; but we perfectly agree with Dr. Wallace in saying that they are rarely necessary. Near-sighted children are often kept in that state through life by being early furnished with concave spectacles. Withhold them altogether, and the eye would, in exact obedience to the laws of its organization, adapt itself to the labor required. But when the glasses are once put on, they must ever after be retained.

Incalculable injury has been the result of the fashionable folly of wearing quizzing glasses. Both gentlemen and ladies, in the spring tide of youth, whose eyes are without a single defect, peep through these useless appendages of supposed gentility, till a permanent and incurable difficulty ensues, which time has no power to correct, which consists in a want of agreement in the focus of the two organs. Unless the surface on which the image impinges on the retina perfectly agree in both eyes, there will be distorted and indistinct vision—such as this kind of object or prospect glasses produces.

Agreeing, as we do, in all the essentials with Dr. Wallace, and according to him the praise he merits as a philosopher and practical oculist, we are equally frank in saying that the medicine he prescribes as a substitute for spectacles appears to us, from his own reasoning, to be just as useless as the glasses. Let the eye *entirely alone*, is the doctrine we hope will yet be, as a general rule, everywhere promulgated.

Preservation of the Teeth.—Daniel Mann, M.D., an operative dentist, who, judging from the character of his writings, is conversant with the minutest details of the profession in which he is engaged, has produced a little pamphlet under the title of "*A Treatise on the Preservation of the Teeth, for the use of Families*," deserving both the attention and patronage of those for whom it was ostensibly prepared. It is systematically portioned off into sections, under the natural divisions "*of the neglect of the teeth, and its consequences; the value of the teeth; the structure of the teeth and the manner in which they become diseased; the means of preventing decay of the teeth; the means of arresting the progress of decay.*" Next, the doctor gives rules for preventing imposition; and, finally, brings the essay to a close by sensible remarks on the qualifications of a dentist, on artificial teeth, &c. This is sufficient to show what particular topics have especially been the subject of the writer's deliberations. It is a pity that there are not one hundred pages instead of twelve—families would then be more likely to purchase, to read, and to place confidence in it. The intention was laudable, to make a book on a scale so economical that everybody could afford to take important advice from its pages. We think exceedingly well of the pamphlet, though it makes no pretensions to originality, nor was it designed for those already learned in morbid anatomy.

Rules for Exploration of the Chest.—Our readers are especially referred to the papers in the three last numbers of the Journal, by Dr. Bigelow, one of the professors in the medical department of Harvard University, whose rank in the profession gives great weight to anything which he has leisure for communicating to his professional brethren. We look upon these Rules, a title which Dr. Bigelow has been pleased to give them, as the very best guides for the young practitioner extant. There is nothing in them obscure or hard to be understood; on the contrary, the simplicity and accuracy with which he teaches us how to proceed, entitle him to our sincere thanks for the pains he has taken to instruct us. We are by no means alone in this opinion. It has been suggested that if the whole were republished in a compact pamphlet form, it would be sought at the book stores with avidity.

Maryland Medical and Surgical Journal.—After an interim of some years, the physicians of Maryland have awaken from a long slumber, and now propose a quarterly journal, at $2 50 a year, under the patronage of the faculty of Maryland. We remember when Dr. Geddings sent forth from Baltimore an excellent monthly Journal, the death of which, in the midst of so much medical talent, excited surprise. An editorial committee has been chosen, consisting of Drs. G. C. M. Roberts, Nathaniel Potter, James H. Miller, R. A. Durkee, J. R. W. Dunbar, and S. G. Baker. Each number is to contain at least one hundred and twenty pages, and occasionally to be embellished with engravings and portraits of distinguished members of the profession. Dr. Miller is professor of anatomy and physiology in the Washington Medical College, and Dr. Dunbar fills the chair of surgery in the same institution. These names are recommendations which would give character to any work. We wish the projectors good success in their undertaking.

Editorial Courtesy.—In the number of the London Medical Gazette for March 23d, 1839, is a part of Dr. Hayward's valuable report of the surgical cases treated in the Massachusetts General Hospital, which first appeared in this Journal. It is so introduced as to have every appearance of being an original communication to that work, and no more of it was copied than was found perfectly convenient, as though it were an ephemeral affair. All this is abominable, even if it was copied from the pamphlet edition of the report; and if not, the editor, of course, should have given credit to the Boston Medical and Surgical Journal.

Wants.—Those who have kindly furnished us with circulars, and the various annual publications of schools, hospitals, medical societies, dispensaries, &c., in the several States, will please accept our thanks. Still, there are States from which no such papers have been received, which are the following, viz., South Carolina, North Carolina, Georgia, Louisiana, Alabama, Arkansas, Delaware, Maryland and Vermont. Gentlemen residing in either of these, by forwarding such pamphlets, provided they are sent immediately, will confer a marked favor.

Puncture of the Bladder.—Dr. Lewis, of Boston, punctured the bladder, through the rectum, in a neighboring town, the other day, and the success of the operation, together with its simplicity, induces us to make a record of the circumstance. The necessity of the operation arose from a severe inflammation of the urethra, which rendered it impossible to draw off the urine by that passage. The patient was bled locally and generally, took antimonials and saline cathartics, and in 24 hours was enabled to discharge the urine through the natural aperture.

College of Physicians and Surgeons, Fairfield, N. Y.—By the new circular, it is obvious that the faculty are making active preparations for the lecture term. It will be recollected that Dr. T. Romeyn Beck, so well known for his researches on medical jurisprudence, holds a chair in this institution. Dr. F. H. Hamilton, of Auburn, has the chair of surgery. He is a man of energy, originality, and indomitable perseverance. Drs. Hadley, McNaughton and Delamater, with whose names and attainments the western country is familiar, still remain.

University of New York.—A correspondent informs us that no medical appointments will be made at present. It will be recollected that a most formidable faculty was created last season; but the ill treatment meted out to the gentlemen, obliged them to resign with feelings of disgust. Although Columbia College, also located in the same city, has, by right of charter, authority for electing a faculty of medicine, it has been decided, after mature deliberation, not to do it.

Dr. Hale's Anniversary Discourse.—A copy of Dr. Hale's discourse on typhoid fever was received after the materials for this day's Journal were prepared. Next week it will have a place. In the meantime we are much obliged to the donor for his polite attention.

Medical Miscellany.—Since the first of April, down to July, not a single death had occurred in Pensacola, which has a population of 2300.—Dr. Bernland, of Larrica, in Germany, is the inventor of a new process of making leather out of refuse animal substances. In the course of the process the substance is in a fluid state, which is afterwards manufactured into boots and shoes.—The whole number of deaths in London from Dec. 1837, to Dec. 1838, was 18,266; males, 9,115, females 9,151. Under 2 years of age, 4,363. Of consumption, 2,236; by suicide, 27.

Whole number of deaths in Boston for the week ending August 3, 27. Males, 16—females, 11.

Of consumption, 2—dropsy on the brain, 1—inflammation of the bowels, 3—croup, 1—decline, 1—old age, 1—scarlet fever, 1—hooping cough, 1—diarrhœa, 1—drowned, 2—infantile, 2—child-bed, 1—dysentery, 2—throat distemper, 1—cholera morbus, 1—canker, 1—fits, 1—liver complaint, 1—cancer, 1—cholera infantum, 1—stillborn, 3.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

The regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. **Jacob Green**, M.D., Professor of Chemistry.
2. **Samuel McClellan**, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. **Granville S. Pattison**, M.D., Professor of Anatomy.
4. **John Revere**, M.D., Professor of the Principles and Practice of Physic.
5. **Robley Dunglison**, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. **Robert M. Huston**, M.D., Professor of Materia Medica and Pharmacy.
7. **Joseph Pancoast**, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, $15. Graduation fee, $30.

Aug 7—tN1 JOHN REVERE, M.D., *Dean of the Faculty.*

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

Benjamin Silliman, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
Eli Ives, M.D., Professor of the Theory and Practice of Physic.
William Tully, M.D., Professor of Materia Medica and Therapeutics.
Jonathan Knight, M.D., Professor of the Principles and Practice of Surgery.
Timothy P. Beers, M.D., Professor of Obstetrics.
Charles Hooker, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are $12 50 for each course, except that on obstetrics, which is $6. The matriculation fee is $5, and the contingent bill for the course on chemistry, $2 50. The expense of a full course, therefore, is $76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is $15. CHARLES HOOKER, *Secretary.*

Yale College, August 1, 1839. Aug 7—6t

NEW MEDICAL BOOK.

Diseases of the Uterus; a series of Clinical Lectures, delivered at the Hospital La Pitié, by M. Lisfranc, and edited by H. Pauls, M.D. Translated from the French by G. Henry Lodge, M.D.

☞ See notice of this work in Medical and Surgical Journal July 24.

It is handsomely printed in 8vo., 400 pages, and price only $1 75. Published by William D. Ticknor, corner of Washington and School streets, Boston. Aug 7—

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents.

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McCleland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, $10.

June 12—1y

ALBANY MEDICAL COLLEGE.

This Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

Alden March, M.D., President of the Faculty, and Professor of Surgery.
Ebenezer Emmons, M.D., Professor of Chemistry and Natural History.
David M. Reese, M.D., Professor of the Theory and Practice of Medicine.
James H. Armsby, M.D., Professor of Anatomy.
David M. McLachlan, M.D., Professor of Materia Medica and Therapeutics.
Gunning S. Bedford, M.D., Professor of Obstetrics.
Thomas Hun, M.D., Professor of the Institutes of Medicine.
Amos Dean, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is $70. Matriculation fee, $5. Graduation fee, $20. Price of boarding, from $2 50 to $3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

JAMES H. ARMSBY, *Registrar.*

Albany, July, 1839. Jy 17—tO

GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the 1st Tuesday of October and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. Spencer, M.D., Geneva.
Obstetrics and Materia Medica, by	C. B. Coventry, M.D., Utica.
Anatomy and Physiology, by	James Webster, M.D. Rochester.
Surgery, by	D. L. Rodgers, M.D., Geneva.
Chemistry, by	William Usher, M.D.

Medical Jurisprudence, by the Professors of Chemistry and Anatomy.

Thomas Spencer, M.D., *Registrar.* C. B. COVENTRY, M.D., *Dean.*

Geneva, July 16, 1839. Jy 31—tO

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply WILLIAM BROWN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

VOL. XXI. WEDNESDAY, AUGUST 14, 1839. No. 1.

LECTURE ON PNEUMOTHORAX.

DELIVERED BY A. T. THOMSON, M.D., AT THE UNIVERSITY COLLEGE HOSPITAL, LONDON.

I PROPOSE, in the present lecture, to direct your attention to the case of Sarah Keating, as one full of instruction, not only respecting the disease under which the poor woman labored, but as elucidating some points in pathology of great practical value.

Sarah Keating was admitted into No. 5 ward on the 27th of February. She was a married woman, 29 years of age, of a spare habit, and regular and temperate; her complexion and temperament were sanguine. Her father died of inflammation of the chest; her mother is still alive, and healthy. She stated that about a year since she suffered from pleurisy, from which she did not recover for three months; and since that time she has never been wholly free from cough and dyspnœa. Her spirits had been low, and she had suffered greatly from weakness, and was considerably emaciated. When admitted into the hospital the chief symptoms were, difficult respiration, carried on almost entirely by the intercostal muscles of the upper part of the chest; she could not lie down in bed, and generally remained in the sitting posture, in which position her cough and breathing were most easy. If she reclined she did so on the right side, for any attempt to lie down on the left caused a sensation of suffocation. Mr. Taylor, on the introduction of the patient, examined the chest, and found the respiration in the left lung puerile, both anteriorly and posteriorly, that of the right lung absent superiorly and anteriorly—bronchial respiration posteriorly. There was a slight metallic character in the voice, the cough and respiration; no œgophony. Percussion elicited rather a dull sound over the whole of the left lung; there was a slight variation both in the respiration and the percussion, in the erect and the recumbent positions. No increase of volume nor change of form were perceptible on the right side; the heart was normal. The pulse 104, full, and compressible; the tongue was covered with a white fur, and the papillæ were elongated. She complained of a coppery taste in the mouth, and a complete want of appetite. The bowels were confined, and there had been incontinence of urine for a week previous to her admission into the hospital. On examining the patient, I found that Mr. Taylor's account of the physical signs was correct. There was every reason to conclude that fluid, and also air, were contained in the serous sac, but as there were no obvious symptoms which indicated the existence of phthisis, I could not decidedly pronounce the case to be one of pneumothorax. She was ordered a draught consisting of 12 minims of tincture of digitalis, 1 drachm of sweet spirits of nitre, and an ounce and a half of camphor mixture, to be taken three times a-day, in conjunction with a pill containing 2 grains of pil. hydrargyri, 3 grains of squill pill, 1 grain of ipecacuanha powder, and 3 of extract of henbane. Some relief was experienced from this medicine; the cough was less frequent, and the urine increased in quantity. On the 5th of March the tincture of foxglove was increased to 14 minims for a dose, and continued till the 8th, when she complained of sickness, and pain of the right side. Twelve leeches were ordered to be applied, and instead of the foxglove she took 1 grain of the tartar emetic in an ounce and a half of bitter almond emulsion, three times daily. A blister was also ordered to be applied to the pained side, and the denuded surface to be sprinkled with a grain of hydrochlorate of morphia, and 6 grains of powdered white sugar, night and morning. On examining the chest, metallic tinkling was heard about an inch below the inferior angle of the right scapula. The symptoms continued to abate; the breathing was less embarrassed; the sputa were less tenacious, but slightly rusty, and the pulse was softer, less frequent, and more regular than before; but coughing still caused acute pain of the right side. On the 15th 12 leeches were again applied; and, as she got no sleep, from the severity of the cough, a draught, containing 20 minims of the solution of the bimeconate of morphia was directed to be taken at bed-time, nightly; and it afforded her much comfort.

On the 18th another blister was applied to the thorax; the tartar emetic was discontinued, and a mixture ordered containing 2 drachms of ipecacuanha wine, 1 drachm of the solution of the bimeconate of morphia, and 6 ounces of almond mixture; 2 tablespoonfuls of this were taken every third hour, and the anodyne draught at bed-time. The relief experienced was so considerable that she was able to lie down in bed, and had much less cough than before. This improvement, however, was of short duration; the severity of the cough and the embarrassment of the breathing returned; the night draught did not afford her any relief or rest, and she complained of much tightness of the chest when she attempted to lie down, whilst the countenance assumed a livid aspect. She was ordered to take, every fourth hour, a draught consisting of 4 grains of carbonate of ammonia, and an ounce and a half of decoction of senega, and to continue her anodyne, whilst a long blister was applied to the spine. Little benefit followed this treatment; and the symptoms left little doubt of the fatal issue of the case; all the unfavorable features of which increased in severity until the 23d, when the poor woman died, at noon, completely exhausted. The post-mortem appearances decided the idea that was entertained of pneumothorax. The countenance displayed, in a remarkable degree, the impress of great anxiety and suffering, and considerable lividity. On making an incision through the intercostal spaces on the right side, a fœtid odor was perceived, a circumstance which does not often occur, and which, in this case, was the more remarkable, as the cavity contained only serum, some coagulable lymph, and air; and it is well known that, in general, the contents of serous cavities do not putrefy. The air in pneumothorax has been analyzed, and found to contain three times more carbonic acid, and one half less oxygen, than common air. On raising the sternum, the right lung was found to be greatly collapsed; and upwards of two pints of serous fluid in which some patches of coagulable lymph floated, occupied about two thirds of a closed sac formed by the pleura, which was thickened and lined with an adventitious membrane. Near the upper surface of the sac an orifice was observed, which communicated with a bronchial tube, and when air was blown into the trachea it readily passed through this orifice into the pleural sac. The right lung contained not more than ten or twelve tubercles, scarcely softened; and the perforation evidently had arisen from the ulceration of one of them which laid close to the surface of the lungs. The lung itself, although almost flattened by the pressure of the air and the serum extraneous to it, was yet still capable of dilatation when air was blown into it. The left lung occupied its usual situation; it was greatly congested, and the mucous membrane of the bronchial tubes was much inflamed; but, like its congener, it contained not more than six distinct tubercles. The weight of the right lung was 17 ounces 14 drachms; that of the left lung 14 ounces.

The heart was not displaced; it weighed 10 ounces and 4 drachms. The endocardium was thickened and opaque, and a considerable quantity of water was contained in the pericardium; the liver weighed 3 pounds 7 ounces; the portal system was congested; the spleen was natural; the kidneys were healthy in structure, but congested; they weighed together 11 ounces 4 drachms.

The diagnosis in this case, notwithstanding the physical signs, was rendered obscure from several circumstances, which the post-mortem examination of the body explained.

In general pneumothorax is accompanied by, or rather is the result of, the ulcerative process in phthisis; and it is only rendered less frequent than it would otherwise be, in such cases, by the adhesions which take place at the upper part of the lungs. In the case before us the adventitious lining of the pleural sac, formed by the previous attack of pleurisy, prevented such an adhesion from occurring; besides, the limited extent of the tubercular disease was inadequate to such an effect. It closely resembled a case mentioned by Andral, in which not more than five or six tubercles existed in the perforated lung. Cases have also occurred in which a single tubercle developed immediately under the pleura caused perforation. Such, indeed, was the cause of the perforation in this case, for although the lung contained ten or twelve tubercles, yet they were distant from one another, and the suppuration of the solitary one formed immediately under the pleura, was the cause of the perforation. The previously diseased condition of the pleural sac rendered the membrane more susceptible of the ulcerative process which extended to it, and, consequently, more easily perforated. As there was scarcely any pus to escape into the pleural sac, the introduction of the air into it set up a new action, and coagulable lymph and serum were effused. The glairy, tenacious, and nearly colorless character of the sputa; the absence of all the physical signs which indicate the presence of either tubercles, hepatization, or ulceration of the lungs; and the decided bronchitic character of the cough, the severity of which was but little abated by the bimeconate of morphia, and the other narcotic, obscured greatly the diagnosis in reference to the suspicion of pneumothorax, which the metallic tinkling indicated. This sign was not so evident as in ordinary cases of the disease; indeed it required the utmost attention to catch the sound; and it was only on the day before the fatal termination of the case that it became very apparent. Another peculiarity in the case was the difficulty of reclining on the non-affected side, a circumstance, however, which is accounted for by the large quantity of serum contained in the sac, which brought the decubitus nearer to the character of true emphysema, in which the pressure of the fluid being taken off from the mediastinum, the opposite lung and the heart, when the patient reclines on the affected side, that position is preferred. There was no dilatation of the side in our case, but this is not very uncommon; neither was there any displacement of the heart, nor any great protrusion of the liver, such as indicates much depression of the diaphragm. Both circumstances may, in part, be accounted for by the non-existence of anything in the fistular opening, which could act so completely in a valvular manner as wholly to prevent the exit of the air in the sac, for it is when this accumulates to a very great degree that the pressure is adequate to cause dilatation of the side. It it be undeniable that the metallic tinkling results from the entrance of the air entangled with mucus through the perforation, and that the smaller the fistulous opening the less the tinkling, the minuteness of the orifice in this case accounts for the difficulty of detecting the sound, except in the act of speaking or of coughing.

The last circumstance which also tended to obscure the diagnosis, was the non-recollection of the patient of any moment to which she could ascribe the formation of the pneumothorax, such as is usually recognized by a sudden attack of acute pain and distressing dyspnœa, when the perforation is the result of a phthisical affection. The absence of respiration on the right side, the clear tympanitic sound of the superior part of that side, and the metallic tinkling, were the only indications which threw any light on the character of the disease.

On a review of the facts which I have stated, the case is instructive in showing that pneumothorax may take place when the symptoms of tubercular disease are not evident; when the patient can only recline on the affected side; and when no circumstances can be traced to mark the period when the perforation occurred. Succussion was not employed in this case, a circumstance which I regret, as nothing tends more to elucidate the existence of fluid in conjunction with air in the pleural sac, than the splashing sound which results from that mode of examination in suspected pneumothorax. It is scarcely necessary to remark that the prognosis is always necessarily an unfavorable one in pneumothorax. It is not easy to say how long the perforation had existed in this case, but I am inclined to believe that the fatal issue was precipitated by the severity of the bronchitic inflammation of the left lung. The absence of phthisical symptoms in a great degree, had the bronchitic affection been less severe, or could the depleting measures have been carried so far as to have subdued it, which the strength of the patient would not admit—might have afforded the hope of at least protracting life for some time by paracentesis. At the same time there are too few cases on record in which that operation succeeded in effecting a cure ; and in this instance it would be difficult to reason upon the probability of the smallest benefit having resulted from it, whilst the extent of the disease present in the imperforated lung was unsubdued. The chief object of the practice was to relieve the dyspnœa, and to subdue the inflammatory action ; at the same time to support the strength. On this account topical was preferred to general bloodletting, and tartar emetic administered instead of the frequent repetition of even the latter. The continued bronchitic inflammation, and the increased severity of the cough, rendered the administration of opiates indispensable in order to secure the repose of the organ, by allaying the irritation which kept up the cough. With this view the solution of the bimeconate of morphia was prescribed, and the effects on the administration of the first dose were most satisfactory. The endermic application of the hydrochlorate of morphia was ultimately less beneficial than I had anticipated from its first effects. The only abatement of the sufferings of the poor patient was from the influence of the bimeconate of morphia, which, in this instance, was most strikingly displayed. One of the pupils who had examined the urine during the life-time of the patient, stated that he found it albuminous—a circumstance at variance with the opinion that this condition of the secretion always depends on some structural derangement of the kidneys.—*London Lancet.*

DISEASE OF THE URINARY ORGANS.

[Communicated for the Boston Medical and Surgical Journal.]

The case of Mr. M. R., aged 48, came to my notice about nine months ago. Upon inquiry I learned that at the age of 7 years he was attacked with necrosis of the tibia of the left leg, which disease continued three or four years, when by the process of absorption and extraction the old bone was removed, and new bone having formed, the leg became sound. Immediately upon the cessation of the discharge consequent upon his disease, he found himself frequently called upon to pass water; and this was always accompanied and followed for a few minutes by a scalding sensation and acute pain in the glans penis; and was ever under the necessity of rising several times during the night to relieve the bladder. The urine was heavily loaded with mucus from the beginning; otherwise perfectly healthy, as far as known. This state of things continued for 36 years, or until he was 47, with but little change, and without ever having interfered essentially with his occupation, which was that of a farmer, with the exception of being more troubled during the winter months. He stated that the disease had been prescribed for at different times by various physicians, but never with any benefit.

A few months previous to my learning the above facts, he found himself gradually getting worse; and in addition to the pain in the glans penis, he began to suffer much with pain in the region of the bladder, which at times was exceedingly severe. I made trial of the remedies which usually have some success in chronic affections of the bladder, but with no good results in this case, and then finding it necessary to use narcotics to give some relief to his distress, which had become great, morphia proved, on trial, to suit him best; he was accordingly ordered the following: Morph. sulph., gr. iii.; aqua, ʒi. Of this solution he was allowed to take sufficient quantity to give some relief, which he found to be about ʒi. per day. He continued the use of this solution for about six months, with no other result than to give him some ease from pain. Two months previous to his death he had, while in a recumbent position, constant incontinence of urine. Nothing was ever discovered in the water but mucus, until within the few last weeks of his life, when there was purulent and bloody matter observed occasionally. He was able to walk about the room until the last few days of his life, when he fell into a comatose state, with occasional intervals of wild delirium. He denied ever having had any pain, weakness, or lassitude in the lumbar region. In short, his whole distress was confined exclusively to the region of the bladder and glans penis. There never was any sudden check in the flow of water, as there generally is in cases of stone. He ever stubbornly refused to have any examination whatever, either with the catheter or sound. I have been thus minute in the history of this case, in consequence of what will appear in the post-mortem examination.

Examination, twenty-four hours after death.—Chest. Lungs in a healthy state, and no morbid appearances within this cavity. *Abdomen.* Liver apparently healthy, with the exception of a few small tubercles scattered through it. Stomach small, and large intestines exhibited no marks of disease. Left kidney appeared enlarged; but, on examination, it was found to be a mere sac, containing about 12 ounces of purulent fluid, not a vestige of anything like kidney remaining. Right kidney enlarged, or distended with purulent fluid to about the same amount as the other, with about one third that was comparatively healthy. The pelvis of this kidney was enlarged to the capacity of three or four fluid ounces. Both ureters were so enlarged as to be from three fourths of an inch to an inch in diameter, their whole length. At the lower extremity of the left ureter, was found a calculus 1 1-4 inch in length, oval in shape, weighing 1 ounce. Bladder was found so adherent to the surrounding parts that it was with difficulty removed entire. On opening it, there was found imbedded in the posterior part a calculus 6½ inches in circumference, nearly round in shape, weighing four ounces. The bladder was very irregular in thickness, there being nothing but a thin membrane in the situation of the stone, and other parts varying from one fourth to three fourths of an inch. The inner surface was entirely granulated, and had the appearance of an ulcerated cavity. This organ was so thickened that its capacity, including the calculus, could not be more than 1 or 2 ounces, and the walls had in texture a scirrhous appearance. The prostate gland was much enlarged and scirrhous.

These calculi are white, and have a crystalline appearance, being probably of the species formed by a combination of phosphoric acid with magnesia and ammonia, or the fusible calculus, so called.

I have stated the facts as briefly as possible, and leave them for every one to make their own reflections. JACOB HAYES.

Eliot, Me., August 1, 1839.

FACTITIOUS DRINK.—NO. I.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have lately seen, in a newspaper, a list of about eighty physicians and surgeons in England, comprehending the names of many whose reputation has reached this country, who are said to have expressed the opinion, not only that alcohol, but that every kind of fermented liquor, is useless and injurious as a drink, to persons in health. The same idea is also, it seems, countenanced by several medical bodies in this country.

Upon the subject of ardent spirit, that has been obtained by distillation, I believe, there is very little or no dispute at present. It is very generally agreed, that its common use, as a drink, in its injurious effects, so far surpasses its occasional benefit, that it is best to banish it entirely, as a beverage, and restrict its employment to the arts, or as an article of the materia medica.

The use of alcohol, by which I mean distilled spirit, is a practice of only modern times, and it has never been much employed as a constant drink, till very recently, in the memory of persons still living. It is well known, therefore, that it can be easily dispensed with, and that, even if it were not particularly injurious, it is at least unnecessary.

But the case is very different with fermented liquor. It has been a part of the beverage of most, if not all, civilized nations, from the remotest antiquity, and has been so blended with their habits and manner of living, that among many people it has been considered to be nearly as much a necessary of life as salt, sugar and aromatics. With the exception of the ancient Nazarites, and a few other ascetics, it has been a favorite drink of all classes of people. Its employment was countenanced by the patriarchs, prophets, and apostles; and it had the sanction of the example of our Saviour. No regulation, custom, habit, or practice, has more remote prescription, or higher authority, in its favor. It appears to be as ancient as the use of animal food, or the domestication of the brute creation, or of any other practice in civilized society.

It is true that Mahommed, in this as well as in many other particulars, affected to be wiser than the Gospel, and prohibited wine. But it is believed that this injunction did not extend to other products of fermentation. However this may be, we have evidence, notwithstanding the legal prohibition, that at times, wine has been in considerable use among the Mahometans, so that they are not an exception to its employment.

Now, a practice, that comes to us sanctioned by all this array of authority and example, upon which has been supposed to depend a very considerable portion of the comfort and convenience of civilized life, ought to be thoroughly examined, and be most coolly and candidly discussed, before it is denounced as being on the whole more injurious than serviceable to mankind. Surely, more argument and proof are needed, than the popular resolutions of voluntary associations, or the vehement declamation of itinerant lecturers. Nor should medical bodies catch the enthusiasm, and suffer themselves to be hurried away to carry the question by acclamation, without previous close experiment and accurate observation.

Innovators and recent converts are always apt to be zealous; whereas those who adhere to ancient and established practice, are usually calm, and even careless in the defence of their rights and privileges. They do not, unless in self defence, and then generally feebly and tardily, form associations, and send out agents, in opposition to what they consider to be erroneous and visionary. Where are the itinerant lecturers, going from town to town, county to county, and State to State, declaiming against homœopathy, phrenology, or animal magnetism? or against Grahamism, Alcottism, Thomsonism, total abstinence from fermented liquors, or any kind of quackery or delusion? Who thinks it necessary, by a course of popular instruction, to defend the use of animal food, tea, coffee, wine, cider, small beer, or wheat bread? Who supposes it requisite to form societies to defend the use of wine in the eucharist or at marriages, or the creation of animal food, in the miracles of the loaves and fishes? Who takes pains to undeceive the public, with respect to the abuse of language, in calling abstinence, by the wrong name, temperance?

There are so many contingent evils attending every thing good in this world, that nothing is easier than to point out abuses and errors. If we attempt, therefore, to avoid everything that may possibly be converted into evil, we must renounce almost all that is good. Isolated savages are exempt from the evils of civilized society and a dense population. The savage is all face, and, therefore, he needs very little clothing. He lives without salt, sugar, spices, and perhaps bread, and therefore these are useless to him, and not necessaries of life. No one thing is the cause of so much evil, as money or property. It is the occasion of almost all the violence, wars, slavery, oppression, and usurpation, in the world; and yet without it, civilized society cannot exist. The evils incident to any system of religion, law or liberty, are almost innumerable.

But, where evils are capable of being removed, much caution is ever necessary, on account of the difficulties which are inseparable from all great and sudden revolutions. Jack, in his zeal for removing the superfluous lace, was in great danger of tearing his coat. Provided it was brought to a demonstration, in a general point of view, that all artificial beverages are injurious, this is no argument that it would be best for elderly men suddenly to renounce a habit, which has become a second nature.

Much is said about nature, and there is much plausible delusion in attempting to compare the nature of man to that of brute animals. Brutes need no other drink than water. Wine is no more fit for a horse, than it would be proper to dress him in silk stockings, or to furnish his stable like a parlor. The fact is, the most striking feature in the nature of man, is his necessity to avail himself of art. He employs more or less art in everything which he makes, does or uses. Agriculture, horticulture, manufactures, tools, cookery, manners, customs, literature and science, in this sense, are all the result of art. It is difficult to mention a comfort, convenience, or necessary of life, that does not require the modification of art before it is fit for the use of man. Even light and air are constantly modified in their effects by art. All civilized people, likewise, modify water, in some way or other, for a principal part of their drink. One prominent reason for it is, that pure water, immediately from the fountain, is very difficult to be obtained by a great body of mankind, and in many of the circumstances of life, it is absolutely impossible. There are many situations in which good water is much more difficult to be procured than good wine.

As much as drink is used, I apprehend, the design with which it is most frequently employed, by the temperate, is very little thought of, and but imperfectly understood. We must first determine what purpose we use drink for, before we can ascertain what kind of drink is most applicable to the particular purpose. This communication is only intended as an introduction to one or more essays, which I purpose to write, upon *the design and use of artificial drink.* In all that has of late years been written upon temperance, that I have seen, I find very little that treats upon the purpose for which drink is usually taken, when it is considered as most indispensable, by people in general.

In this day of agitation, when the most important questions are often carried by the excitement of passion, it is very difficult to interest the public in a calm discussion, or cool philosophical examination, of any topic of high interest. Anything like moderation appears to be tame and flat, and to those who have a heated imagination, an address to the understanding is useless. They listen so inattentively, that they do not understand their opponents. This is certainly the most charitable construction of the many misstatements which the ultra-abstinence party are perpetually making of the views of those advocates of temperance, who reject alcohol as a drink, but do not go the length to renounce all fermented and many other artificial liquors.

I mean what I say, no more, and no less. The daily use of alcohol is an innovation of comparatively modern times. Like many other innovations, instead of being an improvement, it has brought with it an hundred fold more evil than any slight inconvenience which it was designed to obviate. The products of fermentation are in a very different predicament. They have had the sanction of nearly all the wise and good, from the remotest antiquity, and have been considered as among the necessaries of life, by nearly all civilized people. True, like every other good, and every other blessing, in this variable and imperfect world, they are attended with incidental evils, and are liable to abuse. It is a contingency of most things, that the better they are in themselves, the more liable are they to be abused, and wrongfully applied. The simple article of matches, which are among the greatest conveniences that we have in modern times, enables the incendiary to scatter firebrands, arrows and death, often with impunity. The steam engine destroys hundreds or thousands of lives every year. The evils attending the licentiousness of a free press are almost beyond bounds. But, taking the world at large, the benefits resulting from these, and many other things of the kind that might be stated, far outweigh their incidental disadvantages. In my view, the same is the fact with fermented liquors, and many other kinds of artificial drink. SENEX.

August 7, 1839.

BIBLIOGRAPHICAL ANTIQUITIES OF AMERICA.

[A MEDICAL friend, in a neighboring city, writes us that he possesses the following rare productions of the olden time.]

"A practical essay concerning the smallpox, by William Douglass, M.D. 'Homo est errante comiter qui monstrab viam.' Boston: printed for D. Henchman, over against the old brick meeting house in Cornhill, and T. Hancock, at the sign of the Bible and three Crowns, in Ann street. 1730." It is dedicated to Dr. Alex. Stuart, physician to her majesty, and in the dedication he speaks of "a certain anomalous, ill-conditioned autumnal fever, which sometimes galls us much. In the year 1721, after an absence of about twenty years, the smallpox rendered this large and populous town of Boston, in New England, a mere hospital." He also alludes to a severe visitation of measles, which had lately prevailed after an absence of fifteen years. This book has 38 pages, 12mo.

I have, too, "An Essay on Fevers, the Rattles and Canker, by John Walton, B.A., and practitioner in physick. 'Pondere, mensura et numero Deus omnia fecit.' Boston: printed by T. Fleet, at the Heart and Crown, in Cornhill, and sold by T. Hancock, at the Bible and three Crowns, in Ann street. 1732." He says, "This land has but few learned physicians, and is much imposed on by a rude company of empirical quacks, who know little or nothing of the reason of their practice." He speaks of having been too much imposed upon by Culpepper, Salmon, &c. The concluding sentence of this book is so quaint, that I transcribe it for you. He says, "I shall not enumerate a multitude of medicines, all practical authors abound with them, though but few have found the right method of administering them, but have often misapplied the best medicines as well as the sharpest lancets, and thereby have much discredited many things which in themselves are very good. I shall conclude with advising all that would practice physick, to take care that they be well instructed in natural philosophy, and that they understand the reason of their practice, so that their conscience may bear them witness that they are *clear from the blood of all men*, and that their practice is safe and has a tendency to promote health, and not taken up with the mean views of gaining estates, at the awful risk of the loss of the dear lives of their patients. And let not people think that because a quack or unlearned empyrick may accidentally do some cures, that therefore their lives may be trusted in their hands, for *one swallow does not make spring*, and they are likely to miss twice where they hit once, and have no judgment to apply good medicines when they have them." This treatise is comprised in 16 12mo pages.

I have, also, "The method of practice in the smallpox, with observations on the way of inoculation, taken from a manuscript of the late Dr. Nathaniel Williams, of Boston, in N. E. Published for the common advantage, more especially of the country towns, who may be visited with that distemper. Boston: printed and sold by S. Kneeland, in Queen st., opposite the prison. 1752." The preface to this pamphlet is written by Thomas Prince, who remarks, "For the sake of those who live at a distance, and know not the author of the following tracts, I would observe, that he had his education at Harvard College, and studied chymistry and physick under his uncle, the learned Dr. James Oliver, of Cambridge, one of the most esteemed physicians in his day; who had a singular help in the art of chymistry by the ingenious Dr. Lodowick, a German, who was also accounted an excellent physician, and the most skilful chymist that ever came into these parts of America. And Dr. Williams lived and practised in Boston, with great success and reputation, for near thirty-seven years, to the time of his death, which was on Jan. 10, 1737–8, in the 63d year of his age." This is a pamphlet of 16 pages, four of which are devoted to the subject of inoculation, which was practised by him in 1730, and with success. "The most of my patients were very favorably dealt with, more than 50 out of 65 were sitting up and walking about the room soon after the eruption was well made. But one died that I inoculated; which was a child 8 weeks old."

There is a deal of curious matter in these tracts. Douglass states, "Next to a specifick cure, would be a method to alleviate the crisis, as to the quantity and deleterious nature of the inflammations and suppurations. The Circassian method of procuring the smallpox by variolous pus applied externally to fresh cutaneous incisions, lately introduced in Great Britain and New England, seems to bid the fairest for this,* but it is not an absolute certain remedy against a bad sort. Much of the same nature is what Dr. Williams, of Haverfordwest, says has been an immemorial custom in some parts of Wales, called buying of the smallpox. The person procures a few fresh pocky scabs, and holds them in the hollow of the hand a considerable time; about 10 or 12 days thereafter the person sickens, &c. An old midwife, Jane Jones, aged 70, told him that she knew it practised at times above 50 years, and knew but one dying of the distemper so communicated." "In 1713, the measles raged in Boston in the winter, and about 150 died. In 1729, it prevailed in the summer, and there died only about 15."

"In 1721, 5989 were ill of the smallpox in Boston, of whom 844 died."

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* This certainly does not look like "violent opposition to the practice of inoculation." See N. Y. Med. Journal, p. 4.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 14, 1839.

THE COMMENCEMENT OF A NEW VOLUME.

Again we return our warmest thanks to the medical profession throughout the United States, for the encouragement they have so long and so generously extended towards the Boston Medical and Surgical Journal. Today we commence Vol. XXI., which is one of the best evidences of the stability of this publication. We shall continue our exertions to make the Journal useful to its readers, and earnestly hope for a continuance of those favors from the friends of science, which have been meted out with a kind and unsparing hand since the first day of its publication.

TYPHOID FEVER OF NEW ENGLAND.*

Notwithstanding the multitude of books which have been written upon fever, we apprehend there are really few physicians who are capable of writing understandingly and profitably on this interesting topic. Fevers are indeed swift messengers of death—and to arrest their progress, and raise the patient from the lowest condition when the vital energies are just exhausted, requires an intimate acquaintance with the whole machinery of our physical organization.

The essay before us was delivered by Dr. Hale, at the late annual meeting of the Massachusetts Medical Society. It was a happy thought in the author to select this subject, as he is probably more conversant, or at least, as much so, with every thing pertaining to typhus, as any practitioner of his years in this vicinity. It will be recollected that in the character of physician to the Massachusetts General Hospital, his opportunities are of the first order for testing the theories of others, or establishing opinions of his own.

It has been one of the great faults of many of those who have distinguished themselves in this particular department, that they have been so tenacious of establishing certain principles as rules of practice, that they have outlived any reputation which they may have derived from the publicity of their doctrines. In the examination of this discourse, we feel that Dr. Hale has wisely kept clear of shoals and rocks; he has neither committed himself, nor misused any one else—and yet the whole essay, from beginning to end, is full of instruction. Though the matter is not all new, the facts are not all old. The notes to the address show that a most conscientious devotion to the duties of the profession in which Dr. Hale is engaged, prompts to unremitting labor in acquiring a knowledge of fevers from every available source. Those who are pressed for time in the endless cares and distraction of business, will doubtless be very glad to find that there is one physician of experience in the world, who says that, " the rule so much insisted on by Louis, can rarely be carried into effect."

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* Observations on the Typhoid Fever of New England. Read at the Annual Meeting of the Massachusetts Medical Society, May 29, 1839, by Enoch Hale, M.D., Attending Physician to the Massachusetts General Hospital. 8vo., pp. 77. Boston: Whipple & Damrell. 1839.

It is possible that some of our cotemporaries may find parts of this dissertation, for such it is, to criticize—for the sake of doing something. If they are honest, it is quite certain that they will at least commend the patience and discrimination of one who, in addition to attainments acquired at the bed-side, shows a most thorough familiarity with every body, both at home and abroad, who has written on typhoid fever.

Nothing would be more gratifying than to receive, from some of our clinical neighbors, a full analysis of this production, which, doubtless, would be equally satisfactory to a wide circle of readers.

Dunglison's New Remedies.—Perhaps we owe an apology to the profession for not having sooner directed the attention of those who do not take the American Medical Library, to the laborious undertaking of Dr. Dunglison, in preparing a catalogue of new remedies. Those who have not seen a specimen of the work, can form no just conception of the arduous task in which he is engaged. For example, the article *creosoton* commences with its synonymes—as *crosotum; kreosoton; kreosotum; creasoton; creasote; kreosote; kreasote, &c.* A history of the discovery follows; next, the mode of preparing it, its effects on the economy in health, embracing all that can be gathered from the best authorities extant, together with the mode of administering it. Whether this great and valuable mass of newly collected, or rather newly systematized, concentrated matter, of incalculable value to us all, is to be confined to this work, or by-and-by is to assume the distinct form of a volume, remains to be ascertained.

Practice of Medicine in Pennsylvania.—There being no State Medical Society in the Commonwealth, and no particular encouragement given by law for the protection of an educated faculty, quacks of all sorts sail on a summer sea, regardless of those statutes made, provided, &c., in other States. Pretty much the same condition of things exists in Ohio and Tennessee. In these, much to the praise of the profession, they have organized conventions for self defence, which are doing wonders in the collection of statistical facts. Philadelphia may boast of a body of learned physicians and surgeons, whose fame extends over the civilized world—and hence it is the more surprising that some effort has not been made to embody all the practitioners of the State in one society.

Worthington College—(Reformed Medical Department).—There has always been a mystery hanging over this college. What was its original condition, that it needed to be reformed? The board of faculty is apparently well filled—the professors are all M.D.'s, and they apparently teach just what others do, at about the same price. Now if they will have the kindness to raise the veil just far enough for us to look in, we shall be ready to acknowledge the obligation. It is located at Worthington, Ohio. That State seems truly prolific in medical schools—although it is openly asserted that they are singularly at loggerheads amongst themselves. Possibly, this reforming process has something to do in settling up old feuds.

Diseases of the Uterus.—Remarks from those eminently qualified to judge of the merits of the translation of Lisfranc, by Dr. Lodge, confirm us in the statement made a few weeks since, that it should be in the library of every practitioner. Should it go to a new edition, a few plates would add greatly to the value of the text. We suggest this for Dr. Lodge's consideration.

Medical Society of the City and County of New York.—At an adjourned Anniversary Meeting of the Society, held July 22d, 1839, on motion of Dr. Wright, it was resolved,

"That a committee of five be appointed with full powers to take such steps as may be deemed necessary, to have the laws of this State, regulating medical practice, duly enforced."

On motion of Dr. Hasbrouck, it was resolved,

"That this resolution, together with the names of the committee and the portion of the laws of this State, which follows, be published for one week in the public papers."

Committee—Drs. J. Wright, Blois, Power, Buel and Upson.

ACT to amend Title Seventh, Chapter Fourteenth, of the first part of the Revised Statutes, and for other purposes. Passed May 26th, 1838.

"No person coming from another State or country, shall practise physic or surgery in this State, until he have been examined and licensed by the Censors of the State Medical Society."

Surely, our New York brethren have undertaken a Herculean labor. If the irregular practitioners of their city, whose name is legion, are brought under the pains and penalties of the law, the Augean stable will have many empty stalls.

Royal College of Physicians, London.—This ancient institution was founded in 1522, by a charter from King Henry VIII. Each fellow pays, on admission, £95 4*s.* Licentiates pay £56 17*s.* Extra licentiates pay £17 9*s.* The stated income of the College is £4116; the expenditure, £4822. In 11 years, from 1823 to 1833, one hundred and thirty-three licentiates were examined, and only seven rejected, which was at the rate of 1 in 19. Twelve lectures only are given annually at the theatre of the College, Pall Mall, on Wednesdays and Fridays, at 4 o'clock, P. M., commencing in the month of May. The three first are called *Gulstonian;* the three next, *Croononian;* the next three, the *Lumbeian;* and the three last, on *Materia Medica.* On the last Monday of each month, from January to June, a meeting is held, at 9 o'clock in the evening, for reading medical papers. June 25th, annually, at 4 o'clock in the afternoon, the Harveian oration is delivered. Sir Henry Halford is president. Out of a list of several hundred associates, there is not the name of a medical gentleman of the United States, and only one in British America, and he resides at Quebec.

Boylston Prize Questions.—Edward Warren, M.D., whose name is familiar to the readers of this Journal, as a talented contributor, has taken both premiums offered for the present year, by the Boylston Prize Committee. The first was for a dissertation on "the *Pathology and Treatment of Rheumatism;*" the second, for one on "*Scrofula.*" We hope to see both in the form of a book, for the library, forthwith. Dr. W. was a successful competitor for one of the prizes last year.

Medical Miscellany.—It is understood that Drs. John Watson, and J. A. Swett are the editors of the New York Journal of Medicine and Surgery—which does them credit thus far.—A correspondent, who is fully competent to judge, says that "the appointment of Dr. Bedford to the Albany Medical College, was a great hit; he is by far the best lecturer on obstetrics I ever heard."—Dr. Payne's Commentaries is now printing in New York, and will be a valuable acquisition to the medical literature of this country.—Dr. Caleb Ticknor, of New York, the philosophical physician, whose writings have been received with eclat in Europe, has a new work in press on the management of children.—Dr. Stewart's translation of Billard on the Diseases of Children, is represented to have been well executed—and his own notes, which are quite as good as anything in Billard, will form an essential part of the work. It will probably be on sale some time in September.—The Manual of General Anatomy, by Meckel, translated from the French, with notes, by Dr. S. A. Doane, has been re-published in London, together with his translation of Meckel's Descriptive Anatomy.—Dr. Ticknor's Exposition of Quackery and Impostures in Medicine, has also been re-published by the London booksellers—which is an evidence of their sound discrimination.—Dr. Perrine, for many years American Consul at Campeachy, who, by dint of unwearied exertion, procured from Government a grant of six square miles at Indian Key, in tropical Florida, is pursuing his interesting experiments on the growth of fibrous plants, such as the Sisal hemp, cotton, the mulberry, &c., beside the tropical fruits.—A species of rheumatism is mentioned in the London Lancet, having its origin in the excessive use of copaiba, and therefore called copaibal rheumatism. The writer, Dr. Maddock, thinks this remedy, though useful in some cases, a most pernicious excitant to persons of a scrofulous constitution, and very liable to produce rheumatism in those at all predisposed to it.—A New York paper states that there are 479 legal practitioners of medicine in that city.—Five inquests were held in one fortnight, in March, in the Western Division of Middlesex, Eng., on the bodies of infants which had been abandoned immediately after birth.

To CORRESPONDENTS.—A communication, post-marked at South Venice, N. Y., and signed *A Medical Student*, is inadmissible, simply because it is anonymous, so far as it regards the description of the writer's disease. Under no consideration, however, should we allow the names of Drs. Spencer and Rodgers, of the Geneva Medical Institution, or gentlemen of professional standing anywhere, to be held up to censure by a *student of medicine*, till we are first perfectly satisfied that he has outstripped them in knowledge—A copy of Roget's Physiology, from the publishers, and the communications of Drs. Allen and Spalding, have been received.

List of Agents for the Boston Medical and Surgical Journal.—Mr. E. F. Duren, bookseller, Bangor, Maine; Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, jr., Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Croswel, Esq. P. M. Catskill, N. Y.; Mr. W. C. Little, bookseller, Albany, N. Y.; Mr. Charles S. Francis, bookseller, Broadway, New York city; Mr. Thomas R. Hampton, Washington, D. C.; William A. Gillespie, M.D. Ellisville, Louisa County, Va.; Mr. L. Dwelle, Augusta, Ga.; S. Mayfield, M.D. Franklin, Tenn.; Mr. Isaac N. Whiting, bookseller, Columbus, Ohio; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Mess. Hedge & Lyman, Montreal, L. C.; Mr. Joseph Tardif, Quebec, L. C.; L. E. Van Buskirk, M.D. Halifax, Nova Scotia.

☞A Supplement, containing four pages of advertisements, accompanies this No. of the Journal. As indicated by the paging, it is intended to be bound up between Nos. 1 and 2, and therefore should be preserved. The title page and index of Vol. XX. will be sent in the next No.

ERRATA.—In No. 25, Vol. XX., page 396, line 6th from bottom, for 6 read 36; line 4th, for *Piscataquay* read *Piscataquog*.

Whole number of deaths in Boston for the week ending August 10, 39. Males, 17—females, 22.

Of consumption, 2—inflammation of the bowels, 2—cholera infantum, 3—drowned, 1—glandular tumor, 1—infantile, 3—inflammation of the brain, 1—delirium tremens, 1—nervous fever, 1—paralytic, 1—inflammation of the stomach, 1—bowel complaint, 2—intemperance, 2—dysentery, 3—debility, 1—putrid fever, 1—lung fever, 4—scarlet fever, 1—croup, 1—typhous fever, 1—casualty, 1—hooping cough, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1839. July.	THERM. Sun r.	2, P.M.	Sun s.	BAROMETER. Sun r.	2, P.M.	Sun s.	Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER. H'st	L'st	Remarks.
1 Mon.	52	80	71	29.58	29.62	29.62	S W	Clear	52	79	
2 Tues.	62	80	75	29.60	29.54	29.47	S W	Clear	61	80	
3 Wed.	69	74	73	29.24	29.23	29.28	N W	Clear	64	83	Growing season.
4 Thur.	64	80	73	29.28	29.32	29.37	S W	Clear	65	81	
5 Frid.	58	75	64	29.40	29.45	29.43	N E	Clear	56	75	Thunder shower this afternoon.
6 Satur.	61	63	62	29.41	29.38	29.38	N W	Clear	59	72	Dense fog. Thunder storm.
7 Sun.	59	65	65	29.36	29.38	29.39	S E	Showery	59	75	Morning foggy. Showery.
8 Mon.	56	77	66	29.39	29.38	29.34	S	Clear	57	80	Thunder storm.
9 Tues.	66	79	68	29.31	29.32	29.30	N	Cloudy	60	78	Showers.
10 Wed.	62	83	77	29.26	29.26	29.22	S	Clear	60	83	Showers.
11 Thur.	69	78	72	29.16	29.16	29.12	S	Cloudy	64	79	Thunder storm in the morning.
12 Frid.	63	76	65	29.08	29.10	29.12	S	Cloudy	60	81	Dense fog. Hail storm. Showers.
13 Satur.	58	75	68	29.18	29.26	29.30	S	Clear	57	78	Showers.
14 Sun.	59	66	65	29.29	29.30	29.23	S W	Rain	57	77	Showers.
15 Mon.	63	72	68	29.12	29.17	29.18	S E	Rain	59	78	Showers.
16 Tues.	59	78	70	29.22	29.36	29.43	S W	Clear	59	77	Showers.
17 Wed.	60	79	74	29.43	29.61	29.60	N W	Clear	59	80	} Fine weather for haying and harvesting.
18 Thur.	60	80	76	29.61	29.65	29.65	S W	Clear	58	82	
19 Frid.	65	85	80	29.61	29.65	29.64	S W	Clear	64	84	
20 Satur.	69	84	78	29.58	29.54	29.51	S W	Clear	65	88	Showers.
21 Sun	69	80	70	29.45	29.42	29.38	S	Clear	69	82	Showers.
22 Mon.	69	82	70	29.35	29.36	29.35	S E	Clear	67	82	Showers.
23 Tues.	68	80	75	29.33	29.36	29.39	N W	Clear	67	82	
24 Wed.	65	78	72	29.44	29.46	29.40	S W	Clear	62	80	
25 Thur.	68	75	74	29.35	29.30	29.27	N E	Cloudy	64	80	
26 Frid.	69	82	78	29.20	29.22	29.25	N W	Clear	68	84	
27 Satur.	67	80	74	29.30	29.37	29.37	N W	Clear	63	80	
28 Sun.	60	77	77	29.38	29.41	29.39	S W	Clear	57	85	
29 Mon.	68	82	76	29.35	29.39	29.40	S W	Clear	65	83	
30 Tues.	67	82	78	29.39	29.42	29.43	S W	Clear	66	85	
31 Wed.	68	78	72	29.40	29.28	29.20	S E	Showery	65	83	

The month of July has been one of unusual moisture. The barometer has risen but a few times to 29.60, and twice only to 29.65; and has not once fallen below 29.00. The month has been showery and warm, making a fine growing season. The thermometer has once risen to 88°, and once fallen to 52°.

COLUMBIAN COLLEGE, D. C.—MEDICAL DEPARTMENT.

THE Lectures in this Institution will commence on the first Monday in November, and continue until the first of March. During the session full courses will be given in the various branches of medicine, by

THOMAS SEWALL, M.D., Professor of the Principles of Pathology and the Practice of Medicine.
THOMAS P. JONES, M.D., Professor of Chemistry and Pharmacy.
HARVEY LINDSLY, M.D., Professor of Obstetrics and the Diseases of Women and Children.
THOMAS MILLER, M.D., Professor of the Principles and Practice of Surgery.
JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.
JOHN FREDERICK MAY, M.D., Professor of Anatomy and Physiology (late Professor of Surgery in the University of Maryland).
J. F. MAY, M.D., Dean of the Faculty.
Washington City, Aug. 4th, 1839. Aug 14—3t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

SUPPLEMENT TO MEDICAL JOURNAL.

NO. 1—VOL. XXI........AUGUST 14, 1839.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

John C. Warren, M.D.
Rufus Wyman, M.D.
George C. Shattuck, M.D.
Jacob Bigelow, M.D.
Walter Channing, M.D.
George Hayward, M.D.
John Randall, M.D.
Enoch Hale, M.D.
John Ware, M.D.

At the annual meeting of the Committee, on Wednesday, Aug. 7, 1839, the premium of fifty dollars, or a gold medal of that value, was awarded to the author of a dissertation on "the pathology and treatment of Rheumatism," with the motto "Frustra fatigamus remediis ægros;" and a premium of the same value to the author of a dissertation on Scrofula, with the motto "Kunst macht Gunst." On opening the accompanying sealed packets, Edward Warren, M.D., of Boston, was found to be the author of both dissertations.

The following prize questions for the year 1840 are already before the public, viz.:

1st. "The pathology and treatment of Typhus, and Typhoid, Fever."

2d. "The pathology and treatment of Medullary Sarcoma."

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1840.

The following questions are now offered for the year 1841, viz.:

1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?"

2d. "The structure and diseases of the Teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1841.

The author of the best dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. ENOCH HALE, *Secretary.*

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion. A14—4t

Boston, August 7, 1837.

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	John C. Warren, M.D.
Chemistry, by	John W. Webster, M.D.
Midwifery and Medical Jurisprudence, by	Walter Channing, M.D.
Materia Medica and Clinical Medicine, by	Jacob Bigelow, M.D.
Principles of Surgery and Clinical Surgery, by	George Hayward, M.D.
Theory and Practice of Physic, by	John Ware, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other. WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839. Jy 17—tN

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

Benjamin Silliman, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
Eli Ives, M.D., Professor of the Theory and Practice of Physic.
William Tully, M.D., Professor of Materia Medica and Therapeutics.
Jonathan Knight, M.D., Professor of the Principles and Practice of Surgery.
Timothy P. Beers, M.D., Professor of Obstetrics.
Charles Hooker, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are $12 50 for each course, except that on obstetrics, which is $6. The matriculation fee is $5, and the contingent bill for the course on chemistry, $2 50. The expense of a full course, therefore, is $76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is $15. CHARLES HOOKER, *Secretary.*

Yale College, August 1, 1839. Aug 7—6t

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

THE course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by - - - - - - - - -	JOHN AUGUSTINE SMITH, M.D.
Theory and Practice of Physic, by - - - - - -	JOSEPH M. SMITH, M.D.
Materia Medica and Medical Jurisprudence, by - -	JOHN B. BECK, M.D.
Chemistry and Botany, by - - - - - - -	JOHN TORREY, M.D.
Special and General Anatomy, by - - - - -	ROBERT WATTS, JR., M.D.
Surgery and Surgical and Pathological Anatomy, by -	WILLARD PARKER, M.D.
Obstetrics, by - - - - - - - - - -	JAMES R. MANLEY, M.D.

Fee for the whole course, $108. J. AUGUSTINE SMITH, M.D., *President.*
New York, July 24, 1839. NICOLL H. DERING, M.D., *Registrar.*
Jy 31—eoptO15

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT OF THE STATE OF N. Y. (FAIRFIELD, HERKIMER CO.)

THE Lectures commence on the first Monday in October, and continue sixteen weeks.

Anatomy and Physiology, by - - - - - - -	JAMES MCNAUGHTON, M.D.
Chemistry and Pharmacy, by - - - - - -	JAMES HADLEY, M.D.
Materia Medica and Medical Jurisprudence, by - -	T. ROMEYN BECK, M.D.
Practice of Physic and Obstetrics, by - - - - -	JOHN DELAMATER, M.D.
Surgery, by - - - - - - - - - - - - -	FRANK H. HAMILTON, M.D.

Fees for the whole course, $56. JAMES HADLEY, *Registrar.*
Jy 17—4t

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the 1st Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by - - -	T. SPENCER, M.D., Geneva.
Obstetrics and Materia Medica, by - - - - -	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by - - - - - - -	JAMES WEBSTER, M.D. Rochester.
Surgery, by - - - - - - - - - -	D. L. RODGERS, M.D., Geneva.
Chemistry, by - - - - - - - - -	WILLIAM USHER, M.D.

Medical Jurisprudence, by the Professors of Chemistry and Anatomy.

THOMAS SPENCER, M.D., *Registrar.* C. B. COVENTRY, M.D., *Dean.*
Geneva, July 16, 1839. Jy 31—tO

ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.
EBENEZER EMMONS, M.D., Professor of Chemistry and Natural History.
DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.
JAMES H. ARMSBY, M.D., Professor of Anatomy.
DAVID M. MCLACHLAN, M.D., Professor of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics.
THOMAS HUN, M.D., Professor of the Institutes of Medicine.
AMOS DEAN, ESQ., Professor of Medical Jurisprudence.

The fee for all the courses is $70. Matriculation fee, $5. Graduation fee, $20. Price of boarding, from $2 50 to $3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty. JAMES H. ARMSBY, *Registrar.*
Albany, July, 1839. Jy 17—tO

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

THE regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL MCCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HUSTON, M.D., Professor of Materia Medica and Pharmacy.
7. JOSEPH PANCOAST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, $15. Graduation fee, $30.

Aug 7—tN1 JOHN REVERE, M.D., *Dean of the Faculty.*

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a pertect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Sweatman, Lecturer to Middlesex Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry, Davies, Conquest, Blundell, Lee, Merriman, Surgeon Keates, &c.; by Dr. Moreau, President of the Academie Royale de Medecine, Paris, and Accoucheur to the Duchess d'Orleans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D. Professor of Midwifery in University of City of New York; Professor Delafield, Professor Francis U. Johnson, Pres. County Medical Society; Laurens Hull, Pres. Med. Society State of New York; Prof. James McNaughton, Albany; Professors March, Cyrus Perkins and Doane; James Webster, Prof. Anatomy and Surgery, Geneva; David L. Rogers, Prof. Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hosack, Stearns, Ludlow, Kissam, Vache, Power, Grayson, Van Rensselaer, and many other distinguished physicians of the United States. AMOS G. HULL, Office 4 Vesey St. Astor House, N. York.

☞ A constant supply of the above instruments will be kept by Reed, Wing & Cutler (late Lowe & Reed), No. 54 Chatham Street, Boston. Lowe & Reed have sold many of the above instruments, and can refer to physicians of eminence by whom they have been highly approved, as well as to patients to whom they have afforded the most essential relief. Price $10. Feb. 23—6m

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THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents.

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelaud, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18*th May*, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, $10.

June 12—1y

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply WILLIAM BROWN.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries. John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W, Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, ***post paid***, without which no letter will be taken from the post office. June 19

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839. 2am6m

OUTLINES OF THE INSTITUTES OF MEDICINE,

Founded on the Philosophy of the Human Economy in Health and in Disease, in 3 Parts. By Joseph A. Gallup, M.D., author of Sketches of Epidemic Diseases in the State of Vermont, late Professor of Theory and Practice in the Vermont Academy of Medicine, and of the Clinical School of Medicine, Ex-president of the Vermont Medical Society, Hon. Member of the Medical Society of the State of New York, &c. 2 vols. 8vo., pp. 876.

"As the writer has been chiefly induced to undertake the labor of the above work, in consequence of two very courteous memorials addressed to him from all the students present of two classes at different medical institutions, requesting a publication of his lectures, or the principles embraced in them, he has presumed, with respectful regards, to present these outlines to the Students of Medicine in the United States, with a hope of their being in some measure useful to the Science of Medicine."

Extract of a Letter from Professor J. W. Francis, M.D.—"Having read the manuscript of Dr. Gallup, on the Institutes of Medicine, I am free to remark, that it is the result of great research, and long and extensive medical experience. The author, while occupied as an observer, has recorded his inferences, with the praiseworthy design of adding to the stock of sound practical information. His book will be read for the originality and excellence of many of his views, and the masculine development of the writer's reflections. It will deserve and find a place in the library of the student, and be often consulted by the medical practitioner with advantage.

"*New York*, 1838."

Just published by OTIS, BROADERS & CO., 120 Washington street, Boston. M 20.

NEW MEDICAL BOOK.

Diseases of the Uterus; a series of Clinical Lectures, delivered at the Hospital La Pitié, by M. Lisfranc, and edited by H. Pauls, M.D. Translated from the French by G. Henry Lodge, M.D.

☞ See notice of this work in Medical and Surgical Journal July 24.

It is handsomely printed in 8vo., 400 pages, and price only $1 75. Published by William D. Ticknor, corner of Washington and School streets, Boston. Aug 7—

THE CHASE INFIRMARY

FOR THE TREATMENT OF HERNIA, AT CONCORD, N. H.

The perfect retention of the bowel is here guaranteed in all cases of *reducible* hernia, and a *radical cure* may be expected, except in cases of long standing in aged people. The attendance of the patient is required no further than to afford opportunity, by means of a suitable instrument, to adjust the degree of pressure necessary to ensure the certain retention of the bowel, provided the patient immediately report himself should a re-appearance of the hernia, or too much inflammation, render a different adjustment of the instrument necessary. THO. CHADBOURNE, M.D., *Concord, N. H.*

References.—Amos Twitchell, M.D., Keene; Matthias Spaulding, M.D., Amherst; Oliver Perry, M.D., Exeter; C. A. Cheever, M.D., Portsmouth; William Burns, M.D., Littleton. A14—

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.

Oct. 17—1yeop

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, August 21, 1839. No. 2.

CASE OF VESICO-VAGINAL FISTULA, SUCCESSFULLY TREATED BY AN OPERATION.

BY GEORGE HAYWARD, M.D., ONE OF THE SURGEONS TO THE MASSACHUSETTS GENERAL HOSPITAL.

A preternatural opening between the bladder and vagina, known by the name of vesico-vaginal fistula, is one of the most distressing accidents to which females are liable. Its most common cause is protracted labor, in which the head of the child has been allowed to press for a great length of time on the bladder, when that organ is distended with urine. Gangrenous inflammation is in this way produced; a slough forms, which separates in a few days after delivery, and through the opening thus made, the urine is destined to pass, in most of these cases, during the residue of the patient's miserable existence.

Though this is, without doubt, by far the most common cause of vesico-vaginal fistula, it may occasionally be produced in other ways. It may be the result of a careless use of instruments in the delivery of the child; as when the bladder has been torn by a crotchet; or it may arise from an abscess, a stone in the bladder, or a disease of that organ.

Whatever may be the cause of the fistula, the consequence is in the majority of cases of the most afflictive kind, not only because all the urine passes through this new opening, but because the patient has no power of retaining it; she is rendered miserable by the excoriation and soreness that are thus produced, and loathsome to herself by the fetor of the urine. So wretched is the condition of patients of this class, that the language which Dieffenbach applies to them, can hardly be thought to be exaggerated. "Such unhappy beings," he says, "are forced to exclude themselves from society; the very atmosphere surrounding them is polluted by their presence, and even their children shun them; thus rendered miserable, both morally and physically, they yield themselves a prey to apathy; or a pious resignation alone saves them from self-destruction."

The degree of suffering, however, is not the same in all cases; the difference arises from the part of the bladder in which the fistulous opening is situated. When it is high up the patient has some power of retention, but even then the urine escapes through the opening, when any considerable quantity accumulates in the bladder. But if the fistula is lower down, at the place where it is usually found, about an inch to an inch and a half from the opening of the urethra, the retentive power is almost if not altogether lost, the urine flowing off as fast as it is deposited by the ureters.

So great have been the inconvenience and suffering to which patients of this class have been subjected, that the attention of surgeons has long been directed to this formidable trouble, but it is not till within the last twenty years that any operation for its radical cure has been successfully performed. It is only ten years since, that Mr. Henry Earl remarked, "It must be confessed, that under the most favorable circumstances, these cases present the greatest obstacles, and are certainly the most difficult that occur in surgery." He succeeded, however, in perfectly restoring three such cases; "in one of which," he says, "I performed upwards of thirty operations before success crowned my efforts."

The obstacles to success are numerous and must be apparent. The narrow space in which the operation is to be performed, the disposition of the urine to pass between the lips of the wound, the proximity of the ureters, the great secretion of mucus by the inner coat of the bladder, which is well calculated to interfere with the union of the parts, and the want of readiness with which mucous surfaces take on adhesive inflammation, are all very likely to defeat almost any operation, however well it may be done.

Several modes have been devised of operating for the radical cure of the vesico-vaginal fistula. Dupuytren recommended, where the opening was small, the application of the actual cautery; in his hands, it is said to have occasionally succeeded, but with other surgeons it has almost uniformly failed. The objections to it are numerous, and to my mind, decisive. It is not easily applied; it is difficult, and sometimes impossible, to limit its action, and if this be not done, the orifice is enlarged instead of being closed, and the trouble of course aggravated.

When there is a laceration only of the bladder, without loss of substance, union, it is said, has sometimes been effected, by keeping a catheter in the bladder, and thus preventing the flow of urine through the wound. But cases of this kind are rarely so favorable, as they usually arise from a sloughing of the organ, followed by a loss of a portion of its parietes. In these cases it has been preferred to use the ligature, the edges of the opening being previously pared. In a few instances this operation has succeeded; in many it has failed, and in some cases it has been productive of inflammation, which terminated in death. For these reasons, as well as because I am not aware that the operation has been ever before successfully done in this country, I shall give the history of the case and the mode of operating at some length.

Case. A married lady, ætat. 34, and of good health, consulted me on account of a vesico-vaginal fistula. Fifteen years ago, she was delivered, by means of instruments, of her first child, which was dead, after having been in labor three days, during all of which time she passed no water. About ten days after her delivery an opening formed between the bladder and vagina, and since that period she has lost the retentive power of the bladder, and all the urine has escaped through the opening, except when a catheter has been introduced. Occasionally when in a horizontal posture there would be no escape of urine for two or three hours, though usually there was a continuous flow; but when in an erect position it was constantly dribbling, causing great inconvenience and distress. She had been eleven times pregnant since the accident, but had never gone her full period since the birth of her first child. It is not improbable that the fistula might have had some influence in the production of these repeated abortions.

The only attempts that had been made to relieve her, consisted in the introduction of a catheter, which she wore for a considerable length of time, and touching the edges of the opening with caustic. Neither of these means afforded any relief; of late nothing had been done, and she regarded her case as almost hopeless.

Upon examination, I found the fistula situated from an inch and a quarter to an inch and a third behind the urethra, a little on the left side. It was not large, barely sufficient to admit the end of my forefinger, and surrounded by a hardened edge, nearly of the consistence of cartilage. There was some degree of morbid sensibility in the lining membrane of the vagina, so that an examination was quite painful.

I told her that an operation for the difficulty had been several times successful; that it had more frequently failed, and that in a few instances it had been followed by very serious consequences. At the same time, I regarded her case on the whole as a favorable one, and if, after this explanation, she wished for an operation, I would cheerfully undertake it. She at once consented, and it was fixed for the next day but one, May 10th, 1839, when it was performed in the following manner, in the presence of my friends Drs. Channing, C. G. Putnam and J. B. S. Jackson.

The patient was placed on the edge of a table, in the same position as in the operation for lithotomy. The parts being well dilated, I introduced a large bougie into the urethra, and carried it back as far as the fistula. In this way I was able to bring the bladder downwards and forwards, so that the opening was brought fairly into view. The bougie being then taken by an assistant, I made a rapid incision with a scalpel around the fistula about a line from its edges, and then removed the whole circumference of the orifice. As soon as the bleeding, which was slight, had ceased, I dissected up the membrane of the vagina from the bladder all around the opening, to the extent of about three lines. This was done partly with the view of increasing the chance of union, by presenting a larger surface, and partly to prevent the necessity of carrying the needles through the bladder. I then introduced a needle, about a third of an inch from the edge of the wound, through the membrane of the vagina and the cellular membrane beneath, and brought it out at the opposite side at about an equal distance. Before the needle was drawn through, a second and a third were introduced in the same way, and these being found sufficient to close the orifice, they were carried through, and the threads tightly tied. Each thread was left about three inches in length. I should have remarked, that I found no difficulty in introducing the needles by the hand, the fistulous opening having been brought so low down and so fairly in view.

A short silver catheter, constructed for the purpose, was then introduced into the bladder, and the patient was conveyed to the bed and laid on her right side, to prevent any urine from coming in contact with the wound. I found her in the evening, eight hours after the operation, quite comfortable. She had had some smarting for two or three hours; but this was soon gone; she complained a little of the catheter; all the water flowed through it and was received upon cloths. She was directed to live on thin arrow root, milk and water, and a solution of gum arabic.

In the morning I removed the catheter, lest it might become obstructed, and after cleansing replaced it. No water had escaped through the wound. The patient had slept some in the night; her pain had been slight, and all her sufferings she referred to the instrument. Her pulse was good and she had no febrile symptoms. She was directed to keep in the same position, to live on the same diet, and take a solution of salts early the next morning.

She went on perfectly well for five days, the catheter being removed daily. At this time I examined her by means of a speculum. I found that the stitches were quite firm, and that the wound had apparently healed in its whole extent. There was no oozing of water through it, though she was then lying on her back, and there was urine in the bladder, as it flowed through the catheter as soon as I introduced it. I then cut away the stitches, which I found by no means easy, as I was afraid to bring down the bladder as was done in the operation, lest the wound might be torn open. The stitches, however, were at length safely removed, and in doing this I was much indebted to the assistance of my friend Dr. Putnam.

A smaller catheter was now introduced, and the patient put to bed in the same position as before. She continued very comfortable for two days, much more so than she had been at any time before, which she attributed to the size of the instrument. I then removed the catheter altogether, and directed her to introduce it every three hours, so as to prevent any accumulation of urine. This she did till the second night, when she slept quietly for seven hours, and on awaking felt no inconvenience. Twice also during this period she passed water by the efforts of the bladder alone, so that the organ had already regained in part its expulsive power, as well as that of retention. She now sat up, introduced the instrument less frequently, and was allowed a more generous diet.

At the end of seventeen days from the operation I examined her again; the wound was entirely healed and apparently firm, and the soreness nearly gone. I advised her to introduce the catheter two or three times a day for some weeks; and on the following day she returned home by water, a distance of nearly two hundred miles.

Everything connected with this case proved more favorable than I had anticipated. The operation was not difficult, nor very painful; it was followed by no bad consequences, and afforded complete relief. Perhaps the mode in which the operation was done, may have contributed something to its successful result. No violence was done to the parts by drawing down with hooks the fistulous opening, as in the common mode, nor was the bladder wounded by carrying the needles through it, which I presume is the usual practice. I do not speak with certainty on this point, for I cannot find that any one has given a precise description of the mode in which the operation is to be performed. It may be inferred from the following remark of Dieffenbach, that he carried the needles through the bladder. "It is enough to say," he remarks, "that the operation is always a dangerous one, chiefly on account of the injury done to the bladder; the suture always producing more or less inflammation of the edges of the fistulous opening, or of the surrounding parts." Now it seems to me that in almost every case in which the ligature would be the proper mode of operating, the edges of the bladder can be brought in contact, without wounding that organ. The chance of adhesion would be much greater, and the danger of inflammation incomparably less. By dissecting up the membrane of the vagina to a considerable extent around the orifice, and carrying the needles through this at some distance from the edge of the wound, I cannot doubt that the edges of the bladder, which of course should be previously pared, may in almost every case be brought into close contact. This of course cannot be done where there is great loss of substance, but in such cases the ligature alone would not be sufficient, and some attempts have recently been made to treat them by the plastic method. "This operation consisted," says Blandin, "in paring the edges of the fistulous orifice, and adapting over it an oval flap derived from the internal surface of the large labia." This operation, according to the British and Foreign Medical Review, has been performed with some success by M. Jobert. In one instance "much inconvenience was experienced from the aftergrowth of hair in the transplanted flap."

I have ventured to make these suggestions, which I do with great diffidence, with regard to the mode of operating, because there is no case in surgery in which a successful operation gives more complete relief than in that of vesico-vaginal fistula, or relieves a greater amount of wretchedness, and because it is by no means well settled what is the best mode of treating this distressing infirmity. The attention of so many enlightened surgeons being now directed to the subject, gives reason to hope that an effectual remedy will be found for this deplorable malady.—*Amer. Jour. Med. Sciences.*

A NEW PHRENOLOGICAL FACULTY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Being convinced that there is a cerebral organ which has hitherto been overlooked by phrenologists, situated at the side of Concentrativeness, between Adhesiveness and Love of Approbation, I send you my opinions with regard to its function, in order that their just value may be determined by a more extensive observation of facts than I have it in my power to make.

You have, no doubt, observed that there is some difference of opinion among phrenologists concerning the situation of the organ of Adhesiveness. According to Dr. Gall, "the convolutions of the brain marked III.

constitute this organ. They are generally placed between the organ of the love of offspring, and that of the preservation of self and property (Combativeness); or rather to the right and left, and outside of the organ of the love of offspring. When the organ of the instinct of propagation is strongly developed in its superior part, the organ of attachment is placed a little higher than that of the love of offspring. In the cranium it is situated in the middle of the edge of the parietal bone, and when it is advantageously developed, forms two distinct annular prominences, or, at least, the cranium is large and prominent in this region. When, on the contrary, the organ of attachment is very slightly developed, the cranium in the same region is narrow and depressed."*

Dr. Gall having learnt that the lady in whose head he had first noticed the organ was remarkable for the ardor and fidelity of her attachments, "the idea occurred to me," says he, "that the disposition to friendship might also be founded in a particular cerebral organ. This opinion acquired with me a still greater degree of probability, as the prominences I had observed on the head of the lady were placed *immediately* above the organ of physical love, and by the side of that of the love of offspring, and these three propensities have some analogy with each other."†

In the Bust marked by Dr. Spurzheim, and in the Edinburgh Bust (which is the most correct we have), the organ of Adhesiveness is placed higher than the situation described by Dr. Gall, and a part of the organ of Combativeness is represented as situated between it and the tentorium, and as connected with Philoprogenitiveness.

Mr. Combe, describing the origin of the Edinburgh Bust, and giving the reasons for this location, remarks: "Adhesiveness is delineated (in the Bust) chiefly from negative instances, that is to say, from skulls and casts in which it is depressed; David Haggart's, for example, is one. In many skulls and casts, such as the Swiss skulls, the cast of the head of Mrs. H. &c., the organ is largely developed; but it does not stand forth in a definite form, on account of the neighboring organs being also larger. In the negative cases there is a depression corresponding to that single organ; and its situation, therefore, with an approximation to its form, was to be found by reference to them. Combativeness stands forth in a distinct form in the skull of General Wurmser, of which we have a cast."‡

It must be apparent that the grounds for the location of Adhesiveness are not of so decided and marked a nature as is desirable. In none of the cases referred to does the organ appear in an isolated state, so that its exact boundaries can be determined. With regard to Combativeness, it is certainly very large in the cast of Wurmser, but I think it does not countenance the idea that any part of it is connected with Philoprogenitiveness. On examining the situation of the tentorium it will be seen that it is frequently (perhaps generally) placed somewhat higher in the region of Adhesiveness than in that of Philoprogenitiveness. In one head I have seen it fully half an inch higher. In these cases it falls again at Combativeness. We are not, therefore, to conclude, when we see the inferior boundary of Adhesiveness somewhat higher than that of Philoprogenitiveness, that a part of Combativeness is situated between Adhesiveness and the tentorium, so as to touch Philoprogenitiveness. In every case that I have seen, where the organ of Adhesiveness was distinctly marked, and I have seen several, it came as low as the insertion of the tentorium. It is so situated in a cast of the skull of the celebrated Whitfield; yet its inferior boundary, which is very distinctly marked, is somewhat higher than that of Philoprogenitiveness, because in this head the tentorium rises as it proceeds laterally. I have never seen any head in which it could be shown that Combativeness touches Philoprogenitiveness; but I have seen several marked cases which prove that there is no such connection between them. In the head of Whitfield, that part of the skull which is situated immediately below Adhesiveness is not developed in the same degree as Combativeness. Besides, these two regions must have been separated from one another during life by the tentorium.

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* Gall's Works, Lewis's Translation, Vol. III., page 312.

† Ibid, page 300.

‡ London Phrenological Journal, Vol. I., New Series, page 108.

In the head which first led me to observe particularly the situation of Adhesiveness, the organ is very distinctly marked. It is placed at the side of, and on a level with, Philoprogenitiveness; its inferior boundary is immediately above the insertion of the tentorium. Its superior boundary, which is also very distinctly marked, is on a level with that of Philoprogenitiveness. In the same head the lateral boundary of Concentrativeness is distinctly marked, and a ridge or line of division may be traced running from the conjunction of this organ with Philoprogenitiveness, between the new organ, Love of Approbation, and Conscientiousness on the one side, and Adhesiveness and Cautiousness on the other. The new organ being deficient in this head, its boundaries are thus very distinctly marked. Its development is quite different from that of Love of Approbation in the same head. I have seen the new organ small, in combination with Adhesiveness, Love of Approbation and Concentrativeness large, and in other cases with the latter organ small. I have also seen it large in the like combinations. I have more generally found it large in the female than in the male head, and in this my experience accords with that of other phrenologists, for as Adhesiveness and Love of Approbation are in general larger in the female head, had there been any marked deficiency in the region of the new organ it would have been noticed long ago. Adhesiveness, instead of running up by the side of Concentrativeness, extends laterally towards Cautiousness and Combativeness, and its superior boundary forms the posterior and lateral boundary of the new organ.

My observations have led me to believe that the function of the new organ is a propensity to communicate thoughts and feelings, and I propose calling it Communicativeness. For convenience I shall here speak of the faculty and organ by that name. The propensity to talk or communicate thoughts and feelings varies exceedingly in different individuals; for while some persons are remarkable for their loquacity, others are equally remarkable for their taciturnity. As a specimen of the talkative genus, I give the following extract from La Bruyère's characters. "Il faut laisser parler cet inconnu que le basard a placé auprès de vous dans une voiture publique, à une fête ou à un spectacle, et il ne vous coûtera bientôt pour le connaître que de l'avoir écouté: vous saurez son nom, sa demeure, son pays, l'état de son bien, son emploi, celui de son père, la famille dont est sa mère, sa parenté, ses alliances, les armes de sa maison: vous comprendre qu'il est noble, qu'il a un château, de beaux meubles, des valets, et un carrosse." The various forms of loquacity are very well illustrated in the "Characters of Theophrastus."

It is, I believe, universally admitted that females are generally more talkative than males. Addison, in No. 247 of the Spectator, after describing several different kinds of female orators, remarks: "I have often been puzzled to assign a cause why women should have this talent of a ready utterance in so much greater perfection than men. I have sometimes fancied that they have not a retentive power, or the faculty of suppressing their thoughts, as men have, but are necessitated to speak everything they think. But as several are of opinion that the fair sex are not altogether strangers to the art of dissembling and concealing their thoughts, I have been forced to relinquish this opinion, and have therefore endeavored to find some better reason."

The strength and activity of the communicative propensity varies greatly in different nations. It is generally very active in the French, less so in English and Spanish, and it seems to be quite active in the Irish. Its activity, in conjunction with large love of approbation in the French, has had an important influence on the character of their language. "The French people, naturally gay and loquacious, and fond to excess of those superficial accomplishments which engage the attention of the fair sex, have invented such an infinity of words capable of expressing vague and unmeaning compliment, now dignified by the name of *politeness*, that in this strain, one who uses French can never be at a loss; and as it is easy to converse *more* and really say *less*, in this than in any other language, a man of very moderate talents may distinguish himself much more by using this than any other that has ever yet been invented. On this account it is peculiarly well adapted to that species of conversation which must take place in those general and promiscuous companies where many persons, of both sexes, are met together for the purposes of relaxation or amusement, and must of course be naturally admitted into the courts of princes, and assemblies of great personages, who having few equals with whom they can associate, are more under the necessity of conversing with strangers, in whose company *the tender stimulus of friendship does not so naturally expand the heart to mutual trust or unrestrained confidence.* In these circumstances, as the heart remains disengaged, conversation must necessarily flag, and mankind in this situation will gladly adopt that language in which they can converse most easily without being deeply interested. On these accounts, the French now is, and probably will continue to be, reckoned the most polite language in Europe, and therefore the most generally studied and known."—*Encycl. Brit.*

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This propensity must be feeble in the rudest and most uncultivated savage tribes, who from their mode of life and the limited range of their ideas, have little to excite the faculty to activity.

The energy of the communicative propensity seems to bear no invariable relation to that of any of the received phrenological faculties or of any particular combination of them ; it certainly is not proportionate to that of language. The function of the faculty of language seems to be the perception and memory of articulate sounds, and in those who are born deaf, and consequently remain dumb, it must be altogether inactive. Nevertheless, the deaf and dumb show a strong desire to communicate their thoughts and feelings, as is apparent in the cases of James Mitchell, Laura Bridgman, and many others.

Loquacity, from the remotest ages, has been reckoned one of the infirmities of old age, while it is certain that the faculty of language is one of the first to become enfeebled. Many persons, when excited by stimulating drinks, are uncommonly communicative even when they can hardly speak, and when it is very evident they have great trouble in finding words to express their thoughts. Hence the adage, " In vino veritas." The lower animals feel and show a desire to communicate their thoughts and feelings, which they gratify by a voluntary use of the natural language of their faculties, and by their cries and gestures.

This propensity may act separately from language. We frequently desire to communicate facts and events of which we have but a confused recollection, and before we have thought of clothing them in words. It does not always prompt to the use of articulate sounds, but is gratified by other means, as a look or a gesture. If the desire to communicate depended on language or any other acknowledged faculty, we should always feel it when that faculty was active, and should never feel it when it was not active. We do not find that those individuals who have a large organ of language are always, or even generally, great talkers ; on the other hand we frequently see great talkers who have but a poor development of language, and have but a scanty vocabulary.

This propensity seems to have been diseased in the young lady mentioned by Dr. Gall,* who went about at Vienna telling all her friends that she was pregnant. It is remarkable that this diseased communicativeness was followed by an invincible and melancholy taciturnity. The principal excitement seems to have been in the posterior lobes of the brain. The desire of communicating thoughts and feelings remains active when language is very much impaired, as is seen in the case of the Notary, recorded by Pinel. " He frequently pointed out with his fingers the files which contained documents that could not be found, and indicated by other signs that he preserved the former train of his ideas entire," though he could not find words to express them.

Dr. Gall, speaking of the soldier sent to him by Baron Larrey, remarks, " that he manifested to him very strongly, that he was sorry not to be able to express himself on many things which he would have wished to tell him." He afterwards remarks, " Perhaps similar facts throw light on those mental diseases, in which the patients absolutely *refuse* to speak."* I think they do not; in the above cases the patients had a strong desire to make known their thoughts, but were unable to do so by means of words.

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* Gall's Works, Vol. III., page 285.

I think I have said enough to prove that the desire to communicate thoughts and feelings does not depend on the faculty of language, which may be active without any such desire being felt, as in reading or listening to the discourse of others. It is evidently a propensity, and not an intellectual faculty. I think it can no more be attributed to any of the acknowledged faculties than to language. It will perhaps be said that each of the faculties being active, prompts us to use means for its gratification. It certainly does; but it is by exciting the other faculties; thus love of approbation being active, prompts us to conceal, to acquire, to construct, to imitate, &c., by exciting secretiveness, acquisitiveness, imitation, or constructiveness, these again acting on the intellectual faculties; in the same manner it prompts us to communicate our ideas, by exciting communicativeness. The mode of its gratification is thus determined by the faculties in combination with which it acts. We sometimes experience the desire of communicating our thoughts, in so distinct and unmixed a state that it must depend on a primitive power of the mind, different from any now acknowledged. An anecdote is told of a beggar, who for the purpose of exciting compassion, pretended to be deaf and dumb. He presented to a gentleman a paper describing his unfortunate state, and soliciting assistance. The gentleman being rather absent minded, asked him how long he had been dumb; the beggar, taken unawares, immediately answered, "Two years," that being the time during which he had acted the dumb man. It seems to me that the answer in this case was prompted wholly by communicativeness, to which questions are addressed.

One of the fables in Ovid's Metamorphoses furnishes a very clear illustration of communicativeness. The barber of King Midas, having discovered that his master had asses' ears, found the secret so painful to keep, without daring to tell it, that to relieve his mind of the intolerable burden,

> ———" Secedit, humumque
> Effodit, et domini quales conspexerit aures,
> Voce refert parvâ."—*Met.* xv.
> " He dug a hole, and in it, whispering, said,
> What monstrous ears sprout from King Midas's head."

It must be recollected that communicativeness, though capable of acting separately from the other feelings, is commonly either excited, guided, or restrained by them.

FACTITIOUS DRINK.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

The three principal uses of drink are the following.

1st. It is a *diluent*, to assuage thirst, attenuate food, and furnish a pabulum for the humors of the system.

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* Gall's Works, Vol. V., page 23.

2d. It is a *condiment*, to give a relish for food, assist digestion, and at times to promote appetite.

3d. It is a *refreshment*, to restore the system speedily, when it is languid and exhausted by bodily or mental labor, or by other causes.

Probably its legitimate use, in health, may be comprehended under one or other of these heads. However, there is by no means always an exact line of distinction, as the different objects may be combined. Some drinks are nutritive, and while they dilute or refresh, they are also a part of food ; and when liquids are used as condiments, as well as many other articles for the same purpose, they often contain a considerable nutriment in themselves.

Diluents.—Pure water, drank at the fountain, is the simplest and best diluent. The difficulty is, the great body of mankind are so situated that they can but rarely have access to pure water, directly from the fountain. In warm seasons it loses the best part of its flavor and relish, after it has been removed but a short time, and soon becomes insipid, and frequently absolutely nauseous.* The general use of tea, in China, is said to be owing to the impurity of the water there.

From these considerations, mankind have perhaps universally, when it has been in their power, resorted to various expedients, to qualify such water as they have, so as to make it a grateful and pleasant diluent. It is qualified by the addition of ice, milk, acids, sugar, aromatics, the juices of fruits, tea, coffee, and many other articles of the kind. But these are all extemporaneous preparations, which must be soon used, as they are commonly made in small quantities, and are liable to retain their goodness and flavor only a short time. Civilized people have always been fond of having a store of the comforts, conveniences, and necessaries of life. It was early discovered, that by means of fermentation the juices of fruits, the decoctions and infusions of grain, and of many other articles, might be easily collected in quantities, and retain their freshness for a convenient space of time, while they by themselves, or being diluted with water, formed a grateful drink. Thus wine and beer came into common use, in the remotest periods of antiquity. These artificial drinks would not only keep some time, but they could be carried into the field, taken to sea, and be distributed in cities, and other places, where fresh water, and even most of the extemporaneous preparations, were rarely obtained. The preparation of artificial liquors for drink, among all civilized nations, was considered about as indispensable as cookery for food ; and the time was in our country, when it was thought nearly as necessary, for a family that would live comfortably, to brew as to bake.

Condiments.—Wine is just mentioned by Parr, and occasionally noticed by other authors, as a condiment ; but this important, and perhaps I may say, main use of artificial drinks, among temperate people, has hitherto attracted very little attention. Nor is it generally considered how very important condiments are, as a part of our food, by giving it a relish, assisting its digestion, and frequently promoting the appetite. When bread and milk are taken together, though the milk itself is a nourishing article, yet it is employed more as a condiment for the bread, than as food of itself. The same is the fact with butter, cheese, oil, smoked beef, saltfish, salads, fruits, sweetmeats, and other things of the kind, which are more or less nutritious of themselves. Esculent roots, and most garden vegetables, besides being of themselves a part of our food, perform a still more important office by being condiments for meat, which could without them be eaten only with difficulty, and might hardly be borne by the stomach of a civilized man.

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* The writer, though he is in the habit of drinking water daily, and is not over nice as to its quality, was lately nauseated for hours, in consequence of taking half a tumbler of impure well water. The family that use it seemed to be unconscious of its impurity. They have several invalids or dyspeptics among them, how far owing to the bad quality of their diluents, and omission of condiments, and refreshments, I am unable to determine.

Some factitious drinks, as tea and coffee, are employed almost solely as condiments, though they are also diluents. They are principally employed as appendages to our meals, by which we are enabled to take bread and butter, and other food, with much greater facility and relish than we otherwise could do, if we only diluted them with water. They enable us to dispense with much meat and other hearty food. Beer, cider, claret and other kinds of wine, it is believed, are more used by the temperate, for condiments, than for any other purpose. Our habits are such that many dishes cannot be comfortably eaten, and if eaten will disturb the stomach, without them. Many a stomach cannot digest a piece of cake unless it is followed by a glass of wine, cider or beer. Roast pork, and several other kinds of animal food, not only relish better, but sit much more easily on the stomach, by these means. Many fruits cannot be eaten in any quantity, unless they are followed by some such condiment. There seems to be a kind of fitness, a sort of balance, between several articles, and made dishes, of food, for each other. It is a remark among farmers, that apples and cider naturally go together. By this they mean that apples will suit the stomach better when they are followed by a glass of cider. I think so too. There seems to be the same connection between wine and many dried fruits, as raisins, nuts and almonds.

Celsus, when treating of diet and regimen, seems inclined to arrange most of the inhabitants of cities in the class of valetudinarians. He might have added all civilized people. Though valetudinarian is rather too strong a term to apply to people who can perform all the duties of active life, yet every civilized man almost necessarily has less vigor of health, than the savage. His whole body, and particularly his stomach, is in a state more or less artificial, which requires to be met by artificial means. There is scarcely a comfort, convenience, or delicacy, that does not produce a want, which is to be met by something else, an article not otherwise needed. The various parts of diet and regimen must be adjusted and arranged so as to suit each other. When any main article, therefore, is removed or changed, a considerable change is necessary in the others. If this is not done, the system will be liable to be as much deranged as a clock is by the loss of a wheel or spring, or rather by the lightening of its weights.

Condiments are designed not only to give a relish for food, but by making that palatable which might otherwise be insipid or disgusting, they evidently promote digestion by increasing the secretion of gastric juice. By this means, also, they are often employed to produce an appetite, and thus have a medicinal effect, like tonics upon the weak stomach.

As condiments, in general, are not absolute necessaries of life, and are often wholly dispensed with by savages, many of them are always attacked by those who fancy they can point out a correct course of diet and regimen. Not only such articles as pepper, spice, mustard, horse radish, pickles, catchups, sauces, and other things of the kind, that have little or no nutriment in themselves, are by turns condemned, but sugar, butter and cheese are questioned; tea and coffee are censured; and beer, cider and wine are actually prohibited, both on the ground of health and morals. Many of these reformers still go much further. One objects to any meat that is not from animals arrived at a particular age; another rejects animal food altogether; a third, perhaps, restricts his diet to milk, coarse bread, rice, potatoes, and possibly a few fruits.

It might not be a matter of so much consequence, if these supposed philanthropists could only affect the young and robust, as these can often endure almost any privation with impunity, and may perhaps remain healthy upon any kind of aliment, provided it is in sufficient quantity. But, as the healthy and vigorous can usually bear almost any food, such lecturers are not very apt to make much impression on them.

The arguments and speculations are generally all on one side, and are almost exclusively founded upon particular cases of incidental evils, which are common to almost everything in this world. The advantages are scarcely glanced at, and are not examined to see whether, on the whole, they do not far outweigh the inconveniences. The reformers have to propose a short and easy course, which they suppose lays the axe at the root of the evil. It is to reject whatever may be its occasion, and banish it from use. They thus renounce one comfort and convenience of life after another, and upon this principle, if thoroughly carried out, they would soon reduce us to a barbarous, if not a savage state.

The subject of artificial drink, as a *refreshment*, to restore the system speedily, when it is languid and exhausted by bodily or mental labor, or other causes, is necessarily deferred to a succeeding number. Besides, one or two, or more, communications will probably be added, containing miscellaneous remarks upon errors, abuses and prejudices, as well as pointing out the important distinction between temperance and abstinence.

August, 1839. SENEX.

Foreign Medical Works.—The following are some of the medical works lately published in London. A Popular Treatise on the Kidneys; by George Corfe. The efficacy of Catheterism of the Eustachian Passages, &c., in the Cure of Deafness; by James Yearsley, M.R.C.S., and Surgeon to the Institution for curing Diseases of the Ear. A Treatise on the Nature of Club-foot, and analogous Distortions, including their Treatment both with and without Surgical Operation; by W. J. Little, M.D. Researches on the Teeth; by Alexander Nasmyth, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 21, 1839.

OUTLINES OF PHYSIOLOGY.*

It is positively a curiosity in the annals of medical literature, that a majority of the authors who have written expressly on physiology, in modern times, have the prefix of *outlines* to the titles of their works. Whether there is a magical influence in the word which they alone have discovered, that renders it particularly applicable to this class of inquiries, has not been revealed. It is morally certain, however, that there is a want of ingenuity, in this particular, in those who have shown themselves ingenious in all other respects. *Outlines* are now altogether too numerous; it makes perfect confusion in bibliography. Had a city, full of streets and lanes, but a single name for the whole of them, it would be in the condition of a physiological library of modern date. The same predilection manifested by foreigners, is shown by our native writers, so that things are becoming worse and worse in this respect.

Although we are disposed to find fault with this endless repetition of *outlines*, simply because it makes needless perplexity, the matter and the whole arrangement of Dr. Roget's materials constitute an admirable system of physiology, which cannot otherwise than be appreciated in this country. The book is a large, well-finished octavo, of five hundred and sixteen pages, divided into twenty-four chapters, with notes by an anonymous commentator. Lastly, there is an Appendix on Phrenology, in which Dr. Roget shows his objections to the doctrines taught by the friends and advocates of that science. Perhaps this will give more character to the volume, in the estimation of some, than it would otherwise have, inasmuch as the main body of the work is mainly the essence of all former writers of authority on physiology. With us, his arguments are by no means satisfactory; and rather than condemn the investigations of the phrenological philosophers, as unworthy of the serious attention of men of understanding, we much prefer to let them proceed uninterruptedly, and let after times decide upon the value of their labors.

Simply viewed as a modern physiological system, containing all that is valuable and even excellent in other productions of the same kind which have preceded it—embracing a vast amount of curious facts in comparative anatomy—we cannot withhold the expression of warm approbation of this work. We have derived both pleasure and instruction from its pages. It should be in the hands of every medical student, and in all medical libraries, placed by the side of Dr. Oliver's treatise—a deserving, meritorious performance by a native author.

Smallpox in Connecticut.—By a communication in a Hartford paper, we perceive there have been about forty cases of natural smallpox in the town of Suffield, at what is called the Feather-street District, under the care of Dr. H. A. Hamilton, who says that some of the cases were confluent. The patients ranged between the ages of four weeks and seventy-seven years. Only three of them died, which speaks well for the physician's good management. Of those who fell under the disease, he remarks that one was a female in consumption, much emaciated, aged 77; a male of irregular habits, aged 60; do., a confirmed inebriate, aged 50; both of the latter, while covered with pustules, daily took large portions of cider, salt food, and travelled the wet meadows.

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* Outlines of Physiology, with an Appendix. By P. M. Roget, M.D., &c. First American edition, revised, with notes. 8vo., pp. 516. Philadelphia: Lea & Blanchard. 1839.

College of Physicians and Surgeons, New York.—There is now a good prospect of better success than has attended this celebrated school for a few years past. Nothing seems to be wanting to insure an accession of students, since all other partially developed rival institutions, which we heard so much about, a year ago, are nipped in the bud. The regents may consider themselves extremely fortunate in securing the services of several new members of the faculty—men who are accustomed to teaching. Dr. J. B. Beck, on Medical Jurisprudence, has but one rival—his distinguished brother, at the Fairfield College.

To Correspondents.—The communications of Drs. Palmer, Wheeler, and Z. Howe, with others before acknowledged, will be inserted soon.

Married,—In Boston, Morrill Wyman, M.D., of Cambridge, to Miss Elizabeth Aspinwall Pulsifer, of Boston.

Whole number of deaths in Boston for the week ending August 17, 39. Males, 28—females, 11.

Of consumption, I—intemperance, 2—sudden, I—scarlet fever, 3—dysentery, 2—disease of the womb, I—infantile, 4—cholera infantum, 4—old age, 2—dropsy in the head, I—apoplexy, I—drowned, 3—marasmus, 2—chickenpox, I—bowel complaint, 2—liver complaint, I—typhous fever, 1—stoppage in the stomach, I—teething, 1—cholera morbus, I—fits, 1—canker in the bowels, I—throat distemper, 1—hooping cough, I—stillborn, I.

MEDICATED VAPOR BATHS.

Physicians are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, antacid, anti-hæmorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerrish, No. 14 Franklin Place, Boston.

Aug 21—tf

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

For the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Ventro-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from $1 50 to $4 00, according to size and finish. To physicians those of men's sizes will be sold at $2, 2 25, 2 50, 2 75, and $3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21— M. R. FLETCHER.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

John C. Warren, M.D.
Rufus Wyman, M.D.
George C. Shattuck, M.D.
Jacob Bigelow, M.D.
Walter Channing, M.D.
George Hayward, M.D.
John Randall, M.D.
Enoch Hale, M.D.
John Ware, M.D.

At the annual meeting of the Committee, on Wednesday, Aug. 7, 1839, the premium of fifty dollars, or a gold medal of that value, was awarded to the author of a dissertation on "the pathology and treatment of Rheumatism," with the motto "Frustra fatigamus remediis ægros;" and a premium of the same value to the author of a dissertation on Scrofula, with the motto "Kunst macht Gunst." On opening the accompanying sealed packets, Edward Warren, M.D., of Boston, was found to be the author of both dissertations.

The following prize questions for the year 1840 are already before the public, viz.:

1st. "The pathology and treatment of Typhus, and Typhoid, Fever."

2d. "The pathology and treatment of Medullary Sarcoma."

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1840.

The following questions are now offered for the year 1841, viz.:

1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?"

2d. "The structure and diseases of the Teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1841.

The author of the best dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. ENOCH HALE, *Secretary.*

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion. A14—4t

Boston, August 7, 1837.

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	John C. Warren, M.D.
Chemistry, by	John W. Webster, M.D.
Midwifery and Medical Jurisprudence, by	Walter Channing, M.D.
Materia Medica and Clinical Medicine, by	Jacob Bigelow, M.D.
Principles of Surgery and Clinical Surgery, by	George Hayward, M.D.
Theory and Practice of Physic, by	John Ware, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other. WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839. Jy 17—tN

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

Benjamin Silliman, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
Eli Ives, M.D., Professor of the Theory and Practice of Physic.
William Tully, M.D., Professor of Materia Medica and Therapeutics.
Jonathan Knight, M.D., Professor of the Principles and Practice of Surgery.
Timothy P. Beers, M.D., Professor of Obstetrics.
Charles Hooker, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are $12 50 for each course, except that on obstetrics, which is $6. The matriculation fee is $5, and the contingent bill for the course on chemistry, $2 50. The expense of a full course, therefore, is $76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is $15. CHARLES HOOKER, *Secretary.*

Yale College, August 1, 1839. Aug 7—6t

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IRREDUCIBLE OMENTAL HERNIA.

BY DAVID PALMER, M.D., PROFESSOR OF CHEMISTRY AND MATERIA MEDICA IN THE MEDICAL COLLEGE OF VERMONT.

[Communicated for the Boston Medical and Surgical Journal.]

I was called on Sunday, of last week, by my friend, Dr. Powers, to visit Mrs. B., of this village, aged 53, the mother of several children, who had been under his care for ten or twelve weeks, with what he considered visceral inflammation, occasionally shifting from one organ to another. We now, however, recognized the presence of strangulated hernia. On examination the patient presented a general unhealthy appearance; extreme sallowness and emaciation, with general tenderness, on pressure, over the whole abdomen. At the usual seat of femoral hernia, was a tumor presenting the appearances common to that disease. The history of the tumor, however, created some embarrassment; and it is on this account, chiefly, that I have thought the case worthy the notice of the readers of the Journal. The patient said "The swelling had been there two years. Sometimes as large as at present, generally less, but never wholly absent." It had never created any uneasiness, and was never suspected of being hernia. On the day preceding my visit, it had suddenly increased in size, and in the course of the day some of the symptoms of strangulated hernia made their appearance. The generally diseased condition of the patient, and especially the evidences of abdominal disease, made the prospect of an operation exceedingly unpromising. We were, however, constrained to say to the patient and her friends, that it offered her the only chance, as the tumor was manifestly irreducible by the taxis, after all the preparatory steps proper in her situation had been taken. On dividing the hernial sac, the omentum protruded, of a healthy appearance. Below this was a fold of intestine, three or four inches in length, of a dark color, but not darker than I have seen in cases that did well. After dilating the stricture, the intestine was readily returned. The omentum was returned with more difficulty, owing, as it afterwards appeared, to a strong adhesion to the peritoneum, at the neck of the sac. After the operation, the patient was somewhat faint and languid; continued to sink during the night, and died about 7 o'clock the next morning.

On examination of the body, six hours after death, the whole serous surface of the intestines was covered with the flush of intense recent inflammation. Most of the parietal peritoneum was in the same condition, whilst extensive suppuration and depositions of fibrine and adhesions of the convolutions, were the evidences of disease of a more chronic character. The portion of intestine which had been strangulated, was black; and a part of the omentum, firmly adherent to the neck of the hernial sac. The patient's life was probably not materially abridged by the occurrence of the hernia, or by the operation; as neither could have caused the appearances of abdominal disease.

The case derives its chief interest from the complication of permanent irreducible omental hernia, with recent and strangulated enterocele. In *this case* the diagnosis was not very difficult, although the medical men present were not altogether unanimous. But in some instances that have fallen within my observation, where an omental hernia, of some ten, or twenty, or thirty years' standing, has at length been complicated by the sliding down of a knuckle of intestine, and this becoming strangulated, without any sensible increase of the size of the tumor, the case has been exceedingly difficult to decide upon, especially as the symptoms—the *rational* signs of strangulation—are often extremely insidious. A valuable illustration of this latter fact occurred to me three or four days before the case I have now described. A woman of 40, in perfect health, and who had never experienced any of the symptoms of hernia, was attacked with vomiting. The symptoms, according to the account of her physician, Dr. Russ, of Pomfret, resembled those occasioned by the passage of a gall-stone, rather than those of strangulated hernia. Things remained in this condition 24 hours, when the doctor elicited the fact, that about the period of the commencement of the vomiting, the patient had perceived a tumor at the top of the thigh. On examination, he made this out to be a crural hernia, and after making such attempts for its reduction as he thought proper, called me in consultation. After carrying the trials at reduction by taxis as far as seemed warrantable, without success, I proceeded to the operation. And although the protruded intestine was very dark colored, yet its function was speedily restored; evacuations from the bowels occurred on the day subsequent to the operation; the wound healed by the first intention, and the patient's health is now wholly restored.

The frequent occurrence of strangulated hernia; the alarming rapidity of its course to a fatal termination, and the importance, both to the patient and the practitioner, of an early correct diagnosis, must be my apology for details which are sufficiently familiar to the experienced surgeon.

Woodstock, Vt., August 10, 1839.

THE EFFECTS OF MENTAL EMOTIONS IN PRODUCING ASTHMA AND DYSPNŒA IN GENERAL.

BY N. H. ALLEN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE often been surprised at the great number of asthmatics to be met with among educated and public men. From my own observation

I am led to the conclusion, that far more than a just proportion of those who are afflicted with asthma and dyspnœa of all kinds, are to be found in those classes that get their livelihood by thinking, rather than by bodily labor; and who are subjected to the rack of thought, the anxieties of business, and the perplexities of scientific pursuits, more than to the inclemencies of the weather or the fatigues and hardships of corporeal labor. We have always been taught, that exposure to the vicissitudes of our climate, intemperance, malformations of the chest, hereditary predisposition, &c., were the causes of asthma. But when we meet with it as frequently among the strictly temperate, as among the intemperate, and as often among those that are not exposed to the weather and to corporeal fatigue, as among those who are, we must conclude that there are other causes as powerful, at least, in producing this disease, as those which are generally mentioned by authors on this subject. It is, therefore, from the foregoing considerations, that I have been led to the belief that the influence of mental emotions upon the functions of respiration have generally been too much overlooked.

The treatment of asthma has always been conducted on the *ne plus ultra* principles of empiricism. Hundreds have been the infallible remedies for this disease; but the most of them have been like the charms of the soothsayer, incapable of producing their wonderful effects except when administered by the hand of the inventors. One practitioner comes forward, and with bold assurance declares that the lancet is the *sine qua non* in this malady of "*ghastly spasm;*" whilst another "*vetoes*" this practice, and tells you to let this instrument remain quietly deposited in its case. One boldly prescribes the warm bath; another says, "give us a little cold water." One oxtols opium as the "sovereignest remedy in the world;" another stands astonished at the absurdity of giving this drug in such a disease. You can scarcely meet with a wiseacre in the country, who cannot give you all but numberless undoubted remedies for the asthma. Tobacco, lobelia, sulphuret of potash, antimony, ipecac., and a hundred other articles, are extolled by some as cures, while others can find no relief whatever from their use. This difference of opinion, with regard to the effect of these various remedial articles in this disease, probably results from prescribing them to a patient at different stages of the paroxysm. One practitioner gives some remedial article a short time before expectoration takes place, which relieves the patient. He, therefore, ascribes the beneficial effects to the article last given. Another gives the same article at the commencement of the fit. He, therefore, says no good effects result from it; and of course condemns it as useless, when, perhaps, it had as much effect in the one, as in the other case.

All these multifarious forms of treatment would lead us to suspect that the pathology of asthma is seldom very strictly attended to by the practising physician. It would seem that when he is called to a case of the kind, like the person that is suddenly called upon to extinguish a flame, he makes use of the means the nearest at hand, till at last the combustion is overcome, or goes out of itself, while the means that have been the most used get the credit of extinguishing it.

But my object is to inquire into the causes of that asthma which is dependent on nervous influences. With regard to all other kinds, I would merely remark, that the only rational mode of treatment, where the system is plethoric, is by depletion. It matters little whether dyspnœa is caused by inflammation of the bronchi, by a loaded and deranged state of the digestive organs, by emphysema of the lungs, by disease of the heart, or by any other morbid state of the system; if the system is plethoric and oppressed, our grand object is to take off the burden from the moving powers, to remove the obstruction from before the clogged wheels of life, and give the *vis a tergo* a chance to act. And this must be done by the lancet.

But to come to the subject of inquiry. I am convinced that nervous influences, mental emotions, care, grief, anxiety, hard study, &c., will as certainly produce a fit of the asthma, in those who are predisposed to it, as a fit of dyspepsia in those of delicate digestive organs. This is frequently the only way that paroxysms of asthma in men of sedentary habits and literary occupations can be rationally accounted for. And I have generally observed that clergymen and physicians, who are troubled with this disease, have uniformly been attacked with their most severe fits soon after having made some great mental effort, or labored under some deep anxiety. And why should not mental emotions have as great an effect over the respiratory, as over the digestive organs? A sudden alarm destroys the appetite, fear and anxiety stop digestion, and long-continued severe mental efforts debilitate the organs of nutrition, and render them incapable of performing their functions. If, then, mental emotions have so great an effect upon the digestive organs, they must, of course, have equal control over the respiratory organs. And why should they not? The lungs are supplied by the same nerves as is the stomach; and they at least have as close a connection with the brain as does the latter organ. Therefore the mental influences which injure the stomach will have the same effect on the organs of respiration.

Under almost all mental emotions of the graver kind, the respiration, if it is not rendered slower (and that it is rendered slower, I am very positive), certainly becomes less deep. The circulation is accelerated, and thereby a disproportion is established between the frequency of the circulation and the respiration. The secretion from the mucous membrane of the lungs is increased, and the exhalation from the same is lessened; the lungs, of course, become, in a greater or less degree, congested, and difficulty of breathing is the consequence. To illustrate my meaning, let us take a case; an orator, for instance, who has been occasionally somewhat affected with asthma. He is called upon to make some vigorous effort in public. He gives himself up to laborious composition, to prepare for the occasion. He burns out, in mental labor, that part of the vital principle which would have otherwise been expended in supporting the operations of the digestive and respiratory organs. The lungs are not properly expanded; and a disproportion is established between the frequency of the respiration and the circulation. Anxiety increases this disproportion. He makes an effort before a public audience, during which his lungs become still more congested, and in a short time afterwards he is attacked by a paroxysm of dyspnœa, more or less severe.

Paroxysms of asthma from mental causes happen, perhaps, more often in physicians than in any other class of people. The son of Æsculapius was originally condemned to lead a life of care, fear and anxiety. How often, in the course of his practice, does he meet with cases that call for the exertion of all his mental powers; and whilst his nervous power is being expended by intense thought, anxiety adds fuel to the fire. His lungs are not expanded, and the nervous fluid which ought to be expended on them, is diverted into another channel; and, if he is predisposed to asthma, it is after some difficult case in his profession, that his most severe fit comes on. It is on this account, that the medical profession is of all occupations the very worst in which a man can engage who is subject to this disease. He must either leave it or lead a most wretched life. It is not the exposure to the vicissitudes of the climate that makes this profession so difficult to be followed by those who are subject to asthma; but it is the rack of thought, and the anxieties inseparable from this class of the community.

I may here be asked what is the remedial treatment of asthma dependent upon mental causes. I would then say that the physician, in such cases, must be such a one as can "minister to the mind diseased." He must be such a physician as can teach his patient self-command—can teach him to meet any or all the troubles and perplexities of this world without suffering the balance wheel of his mind to be disturbed. When the patient can do this—when he can be calm, collected and undisturbed under all the cares, troubles, doubts and anxieties of life, he may as well, although predisposed to asthma, follow the life of a physician or a clergyman, as that of a hermit. But if he cannot gain this command over himself, let him give up a mode of life in which there are ten thousand difficulties to beset him, and seek to enjoy himself in some other that is more congenial to his physical organization.

There are, however, some remedies of essential service in this variety of asthma; and among the first of these is to be ranked opium. This is, perhaps, the best possible remedy we can use in asthma dependent on mental causes, such as I have already enumerated. It often acts like a charm. A full dose will frequently restore, in a short time, the balance of nervous power between the lungs and brain, and relieve the difficulty of breathing. It causes a rush of nervous fluid to be given out by the brain, whereby the chest is dilated and the lungs expanded. I have often experienced the happy effects of this remedy in my own person. I have frequently retired at night with so great an oppression of the lungs, that it was with the greatest difficulty I could get my breath; but after taking a full dose of laudanum, I have had a good night's sleep, and awaked in the morning without a vestige of the difficulty of the preceding night.

There is another remedy in this variety of asthma, which may sometimes be found of the utmost importance; and this is galvanism. This remedy was first recommended by Dr. Wilson Philip, and is applied by placing one plate of zinc on the back of the neck, and another on the epigastrium, and passing the current diagonally through the chest. This remedy always relieves this species of asthma, and it confirms the idea that it is dependent on a want of nervous power in the lungs. But I am growing prolix.

Gray, Me., August, 1839.

FACTITIOUS DRINK.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

Refreshment.—In the dying prophecy of Jacob, an abundance of wine, as well as of milk, is evidently mentioned, as itself a blessing, or as a type of the peculiar blessings which were in reserve for the posterity of Judah. The Psalmist refers to *wine that maketh glad the heart of man,* as a subject of as much gratitude, as oil and bread. The writer of Ecclesiasticus says, *Wine is as good as life to a man, if it be drunk moderately: what is life, then, to a mun that is without wine? for it was made to make men glad.* At the first dawn of the Gospel, its divine author created wine, towards the close of a feast, after men had *well drunk,* as the *beginning of* [his] *miracles.*

From these and numerous references besides, which might easily be made to various parts of the Scriptures, it strikes me that a man's mind must be strangely constructed to question the lawfulness of the use of wine, under the three dispensations of our holy religion, the Patriarchal, the Mosaic, and the Christian. I cannot, therefore, stop to dispute a moment with those who would wish to interfere with the Christian liberty of their brethren, and deprive them of wine and fermented drinks, on the ground either of religion or morals. They are not only wise above what is written, but in opposition to what is written. If argued with at all, they must be treated upon the principles by which we would attempt the recovery of enthusiasts, bigots, fanatics, and other monomaniacs. They are insusceptible to a process of reasoning which is adapted to sound minds. Individuals have the same moral right to use fermented liquors, as they have to use money, credit, commerce, the printing press, or any other improvement of civilization, the casual abuses and contingent evils being no more of an argument in favor of prohibiting them, in one case than the other.

The expediency of continuing the use of these factitious drinks is quite another question, and is a matter worthy of the most accurate investigation. The following extracts from Parr very accurately describe the operation of wine, when it is employed as a refreshment, analeptic, or restorative.

"Wine is highly grateful to the palate and stomach, giving an immediate and agreeable warmth to the whole system, and its peculiar and pleasing stimulus is felt, even at first, in the mouth. It completely answers the idea formed of an analeptic, as it appears immediately restorative. When we pursue its effects further, we find the strength and spirits renewed; the perspiration and other secretions, which may have languished from fatigue, restored; the thoughts follow each other with more freedom, and every motion is carried on with ease and comfort. If we examine this series of symptoms with a marked attention, we shall at once perceive the combination of a stimulant with a sedative power; in other words, an indirect stimulus. The freedom, the serenity rising to hilarity, point out the narcotic influence, and show that wine cannot be considered as strictly and properly a stimulant" [alone]. After noticing the symptoms from its excess, he proceeds.

"Wine, however, in moderation is, like tea, salutary, and its noxious portion is guarded by the extractive matter, perhaps the acid, from being, in general, injurious. In this it differs from ardent spirits, which not only want this sheathing, protecting ingredient, but seem to acquire additional deleterious properties from fire, particularly by the evolution of an acrid, often an empyreumatic, oily principle."

The following remarks probably point out the limits of its use with as much exactness as the subject admits.

"The good effects of wine are shown by the cheerfulness and hilarity which it excites, by a free perspiration, the mouth not hot or dry; the intellectual functions free and well connected, without rapidity or irregularity. If the quantity is not in excess, the sleep is easy, sound, and undisturbed; the morning not clouded by headache, the mouth not dry, and every occupation, mental or corporeal, resumed with freedom and alacrity."*

Such are the principal effects of wine, when used, as every blessing should be, without abusing it. The same effects, in a greater or less degree, belong to most fermented liquors. The exhaustion of people in health, occasioned from exertion of body or mind, or most other causes, by a proper use of these drinks is usually more speedily removed, than in any other way. If the fatigue has been excessive, by these means the system is often more refreshed within half an hour, than it would spontaneously restore itself within a day, so that it may apply itself again to its occupation with renewed vigor. It besides calms any irritation of the nervous system, producing what Parr calls a sedative effect. Others term this operation *nervine.* Wine is not properly a narcotic, when it is employed in proper quantities. It is this happy combination of its exciting and nervine principles, that makes wine the best cordial ever invented, elevating the system when depressed, and soothing it when irritated, and effecting both objects at once. Its great advantage is, that it removes languor and fatigue, and produces that calm, placid state, which is emphatically termed, in our language, *comfort.* Every one knows the comfort which a laboring man takes, by refreshing himself after his toil by a draught of cider or beer, as well as the comfort which a traveller enjoys over his glass of wine or porter, and the nervine effect of his cigar.

[It may not be amiss to state, that it is for this nervine effect, this calm, placid state, rather than any positive excitement, that tobacco is employed. It is incapable of effecting the excitement of intoxication, and never is employed, unless literally as a medicine, for its narcotic properties. As it is generally used, it is almost a pure nervine.]

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* Dr. Parr appears to have been a strict temperance, but not total abstinence, man. It is not here necessary, however, to quote what he says of the excess or abuse of wine, or of its real utility being lessened or destroyed by its free use, since there is no controversy upon these points.

Temperate people never use habitually fermented liquors, as a stimulus for producing high excitement on the one hand, or a narcotic effect on the other. In vulgar language, they do not take them in such quantities as to have them get into the head. They employ them principally as condiments for food, fruits, and other things of the kind, or as nervines to afford them speedy refreshment. Their diluent effects, as well as those of tea and coffee, are rather incidental.—By the way, tea and coffee are both nervines, and tea may be so strong as to be a narcotic, though this operation is not usually perceptible. Coffee is not, probably, narcotic at all.—This refreshing, restorative, or nervine operation of fermented drink, as used by the temperate, only brings the system up speedily to its level, but never exhausts it by producing, what Brown calls, indirect debility. This point seems to be entirely misunderstood, and shockingly misstated by the advocates of abstinence. They infer, because one or two bottles of wine drank at a sitting derange the system, and cause indisposition the succeeding day, that a single glass produces a similar effect, though in a less degree. This is not true. As well might we say, a moderate meal deranges a healthy stomach, since a gormandizer is liable to be oppressed because he devours food enough at one time to satisfy three or four ordinary men.

The truth is, a speedy restoration after fatigue of body and mind, usually prevents much of the premature wear and tear of the constitution, which is liable to follow a slow, and often imperfect, process of self-restoration, proceeding from mere food and rest. The clergyman, who has preached three sermons on Sunday, if he refreshes himself with a glass of cider, wine or porter, and perhaps with his pipe, will be much less liable to feel the next morning *Mondayish*—to use an expression attributed to Dr. Chalmers—than his ultra-abstinence brother, who has performed the same labor. The same will apply to the lawyer, who has made a plea of several hours in length, and also to the laborer, who has worked at haying or harvesting.

It is true, these refreshing, restorative, analeptic, nervine drinks, would never be needed, if there were never any excessive exertion, that produced sudden and factitious exhaustion. A great number of people, therefore, take little or no drink, except what they use at their meals, as diluents or condiments. But this is not the case with the more active part of mankind. Such is the state of civilized and artificial society, that these daily do actually exert some of their organs, faculties, or the whole system, to excess, so as to exhaust or diminish suddenly their strength. This is an artificial condition, which evidently requires an artificial remedy or restorative.

It has been before observed, it is the most striking part of man's nature, that he should be artificial. In this artificial state in which we are placed, it is impossible for a large body of mankind, and particularly for professional men, to fulfil their engagements, and do their duty, unless they frequently, and often habitually, overdo their strength, by untimely or excessive labor. How are we to meet this wear and tear? The physician can neither take his meals nor his rest regularly, and yet has to labor excessively during a severe and extensive epidemic. This is also the case of the sailor in a storm at sea, and of the soldier in an active campaign. It is the same in perhaps all the great and arduous undertakings of civilized life. Are these exhausting efforts all wrong? If not, has not Providence pointed out some way in which their debilitating effects upon the actors, in a good degree, may be palliated or prevented? Many cite the Irish, who are a robust set of men, that consider potatoes and milk among their greatest luxuries. But it is well known that Ireland is subject to more wasting epidemics than any other part of the British dominions in Europe. Besides, the Irish, at home, are not a hard laboring people. From a dense population, which makes it difficult to find employment, they probably spend more idle days than any other peasantry in Europe. When they come to America, they are supported under their labor by all the fulness our country affords. Here, indeed, they often suffer by the sudden transition from a fast to a feast, and many are strongly tempted to abuse the good things to which they have such sudden and easy access. No argument in favor of ultraism, therefore, is to be drawn from the condition of the Irish, whether at home or abroad. SENEX.

August, 1839.

A NEW PHRENOLOGICAL FACULTY.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 34.]

THOSE persons who have communicativeness large, in combination with large love of approbation, less self-esteem and firmness, find it difficult to keep a secret, even though secretiveness be well developed. Such individuals take a pleasure in mystery and concealment just so far as they are compatible with the gratification of their communicativeness; they are finely painted in La Fontaine's fable of "Les Femmes et le Secret."

> "Rien ne pese tant qu'un secret:
> Le porter loin est difficile aux dames;
> Et je sçai même sur ce fait
> Bon nombre d'hommes qui sont femmes," &c.

It is an old remark that the impertinently inquisitive are always great talkers:

> "Percontatorem fugito: nam garrulus idem est:
> Nec retinent patulæ commissa fideliter aures."—HORACE.

The fact is easily explained, for inquisitiveness is but a mode of manifestation of communicativeness, and the frame of mind which predisposes to the one, predisposes to the other. The various mental faculties being active, desire gratification; if that gratification is to be obtained by appealing to other minds, they stimulate communicativeness to make known that desire, and a feeble stimulus is sufficient to excite a naturally active organ. The impertinently inquisitive being in general shallow-minded people, and fond of talking, find it easier and more to their taste to seek information by asking questions, than by reading, observation or reflection. Give such a person two facts which plainly imply a third, and instead of arriving at it by reflection, he will ask a question. The love of talking naturally leads to inquisitiveness, for the loquacious constantly feel the necessity of having something to talk about.

Communicativeness prompts us to address strangers and to form acquaintance, and it is observed that women become acquainted with one another much more easily than men, and that they learn the conversational part of a language quicker. Taciturn people seldom form an extensive acquaintance, unless obliged to do so by their condition in society, or by business considerations. On the other hand, those persons who have communicativeness large and adhesiveness small, often have a very extensive acquaintance without becoming much attached to any one.

In our experimental observations we must be careful not to attribute solely to communicativeness those manifestations which depend on its combined action with adhesiveness, benevolence, &c. An individual who is habitually silent, may take little pleasure in concealment, and be very willing to confide in his friends, and to communicate knowledge from motives of benevolence. The loquacious man, though he tells everything he knows, and frequently more, gets no credit for it, and has no confidants. On the other hand, we must distinguish between that taciturnity which depends on general inactivity of the brain ; the habitual occupation of the mind by subjects which cannot be made the topic of common conversation, as the mathematics, abstruse metaphysical questions, &c., and that which depends on a small organ of communicativeness, which may be aptly compared to that passive continence which results from a feeble development of the cerebellum. To escape the various sources of error, it will at first be safest to avoid drawing any conclusions except in marked cases, and even then the modifying influence of the other faculties should always be taken into consideration. The general phrenological development, and the active temperament of the French, cause them to be much more talkative than they would be were their temperament less active and the faculties which excite communicativeness relatively weaker, and those which restrain it more energetic.

Communicativeness is generally quite active and unrestrained in children ; hence their talkativeness, and the charming freshness and naïveté of many of their remarks. A little urchin, on being reprimanded by his mother for his loquacity, replied, " Mother, I can't help it ; the words keep a coming into my throat, and when I open my mouth they run out."

If such a faculty as communicativeness exists, its organ must be in the situation I have described. It is evidently a propensity, and its natural language serves to show that its organ is in the posterior part of the head. When this faculty is predominantly active, the cranium is thrown backward and the chin advanced. A person who has been waiting for, and is anxious to seize on an opportunity to speak, instinctively makes this gesture. The motion of the head and the expression of the countenance are so peculiar, that when they have once been noticed, it is very easy to recognize them. The natural language of communicativeness is very well shown in a print called "Too late for the coach." We see a man, his wife and child, and a servant, approaching a gate to meet the coach; but they are too late, as it has already passed. The heads of the man, wife and child are in the communicative posture; the man is swinging an umbrella over his head; and the child, on tip-toe, has his arms stretched out to attract the notice of the coachman; they are evidently very anxious to communicate to him their desire that he should stop.

There is clearly some relationship between communicativeness and concentrativeness. To write or converse in a connected manner on any subject, we are obliged to hold it steadily before the mind, in order that a certain train of thoughts or feelings may be awakened and clothed in words. Now to do this, and continue the effort for hours, as many orators do, some such power as concentrativeness is absolutely necessary, and every one who can think and speak connectedly must possess it in some degree. Without such a power, there could be no connected and logical discourse. Subjects the most heterogeneous would be brought together and spoken of in the same sentence, and nothing can be more irksome than to be obliged to listen to a man who utters every idle thought, and runs from subject to subject, between which there is not the slightest connection.

At present concentrativeness seems to stand alone; its relationship to the neighboring faculties is not very apparent, and on this account many persons find it difficult to conceive that such a faculty exists, or why it should be placed among the propensities. I think that one of its principal uses is to assist communicativeness, and enable us to give forth our ideas in a connected form. To speak connectedly we must think connectedly, and without concentrativeness this would be impossible.

By concentrativeness a connection is established between the powers of the same mind, and by communicativeness between those of different minds. Communicativeness prompts us to make known our thoughts, whether they be good or bad, profitable or useless, interesting or disagreeable; but what is uninteresting to one person, may possess the greatest interest for another, and what is useless to-day may be of the greatest utility to-morrow; it consequently leads to the communication of a great deal of knowledge, which from not possessing any immediate interest or utility, would be lost did no such faculty exist. It is also to this faculty that we owe the invention of language. Nature gives us thoughts and feelings, and by this faculty bids us communicate them; she thus teaches us language in much the same manner that some swimming masters teach their pupils to swim; they throw them into deep water, and bid them take care of themselves. Many theories on the origin of spoken language have been invented by metaphysical writers; but if such a faculty as communicativeness exists, it is evident that any theory which does not recognize its influence and allow it due importance as an innate fundamental power of the mind, must be defective; and this, as far as I know, has never been done. It is probable that articulate sounds were first uttered involuntarily, then from imitation, and afterwards came to be used for the conveyance of ideas at the instigation of communicativeness gradually enlightened by experience and reflection.

Since adopting my present opinions with regard to the function of the new organ, I have learnt that the question whether there be such a faculty as communicativeness has been proposed by Dr. Elliotson, of London. The only knowledge that I have of his opinions is derived from the following notice in the London Phrenological Journal for June, 1838. The editor, on speaking of the contents of the "Naturalist," informs us that there is in No. 18, "A paragraph on the question whether the tendency to communicate ideas (gossip, &c.) is a distinct faculty of the mind; a question started by Dr. Elliotson in the recent edition of his Physiology. The editor of the Naturalist pronounces in favor of the existence of such a faculty, and suggests the likelihood of its organ being near that of language. We wait for facts; but incline to decide against the existence of any such special organ and faculty for this purpose."—Page 328. As I have not seen the edition of Dr. Elliotson's work referred to, nor the Naturalist, I am unable to say what arguments or proofs they make use of. That there is an organ* situated between adhesiveness and love of approbation, I have no doubt, and several marked cases that I have seen induce me to believe that the function I have ascribed to it is the true one.

August, 1839. COMMUNICATIVENESS.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 28, 1839.

HARVARD UNIVERSITY.

BEFORE many weeks, the lecture term of the Medical College, in Boston, connected with Harvard University, will commence. Those who have been educated there certainly know how to estimate its elevated course of medical instruction. It seems hardly necessary to recommend the advantages to be derived from a regular attendance at the Massachusetts General Hospital, the Eye and Ear Infirmary, and other charities, which are freely thrown open to students while the lectures continue—and which are not surpassed in the Union. While other schools have undergone changes, sometimes for the better, and sometimes for the worse, the Boston Medical College has remained unaffected and uninfluenced by those commotions which have at times characterized the condition of others. A leading object has always been to prepare those who place themselves under its guidance, to discharge the duties and high responsibilities of professional life, with satisfaction to themselves and the public. It is scarcely possible, after having been graduated with the full approbation of the faculty of this institution, not to be well prepared for the practice of medicine and surgery. To the lasting credit of the Commonwealth, owing to the vigilance in the system of medical education, and to the influence of the Medical Society, conjointly, the number of those who are not competent is very limited, and the prospect for the future is continually becoming brighter and brighter.

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* Mr. Combe, in reply to a letter giving an account of the new organ and its supposed function, remarks, "I have seen the region you describe sometimes so deficient as to lead me to suspect that it might be a separate organ."

Utero-abdominal Supporter.—Dr. Haynes, of Concord, N. H., has invented a beautiful instrument which he says has been well received in that part of the country, and considered superior to others in use. One of its principal advantages is its elasticity—allowing the utmost freedom of the body, without giving the sensation of restraint, or producing irritation. It also gives a lateral pressure—a desirable circumstance in many cases, which no previous mechanical contrivance has accomplished. Another point of considerable consequence has been gained in the construction of this supporter, of no small consequence to those who are obliged to resort to art for relief, viz., the ease with which it may be fitted on by the patient, without any instruction. We can bear testimony to the beauty of the workmanship, but cannot at once decide upon its positive value without making a trial of it, or obtaining the opinion of some competent person who has the opportunity of comparing it with others. It is pretty certain that Dr. Haynes would not speak with such confidence of the merits of the new supporter, if he were not sure of having achieved a decided improvement. A number of them should be placed at once in the hospitals, and at the disposal of practitioners in this metropolis, with a view of ascertaining their true value. We shall be glad to learn the result of any trials that may be made.

Yellow Fever.—In a letter recently received from an eminent practitioner of New Orleans, the writer says, "It is very early for the yellow fever to make its appearance, and it is impossible to predict its extent; it commences in unusual weather—rain almost daily, since July 1st—the winds easterly, southeast and westerly. Usually, the reverse takes place as respects the weather, but more of this hereafter."

However contradictory the accounts may be in the papers, full reliance may be placed in the assertion of our correspondent, that the fearful disease, the yellow fever, does exist there to an extent and of a character to excite the apprehensions of one who is familiar with that scourge of New Orleans. It is noticeable that nine deaths occurred at the Charity Hospital on the 3d inst.

At Charleston, S. C., the yellow fever also prevails. Notwithstanding the mild name which policy has given it—the *stranger's fever*—it by no means lessens the mortality of a pestilence that seems to hover over New Orleans and Charleston, from year to year, in a way to alarm those whose traffic on the deep obliges them to enter those ill-fated ports. Whether there is always a local cause in existence in those cities, which no art can remove, remains to be ascertained. It is a subject that should engage the serious consideration of the philanthropist, as well as the members of the medical profession.

Jefferson Medical College.—Dr. Geo. McClellan and Dr. Colhoun, the first well known as a talented professor of surgery, and the latter distinguished in the chair of materia medica and pharmacy, have left the institution. The why and wherefore is quite unknown in this part of the country, and a multitude of students, who have uniformly felt a deep interest in whatever concerns a school which has so suddenly grown up with a giant strength, wait with impatience to know the particulars.

Human Physiology.—A second edition of Dr. Lee's popular treatise for the use of elementary schools, stereotyped, is acknowledged. Some severe remarks were made upon parts of it by one of our professional neighbors, the other day, which we have not yet had an opportunity of examining, but understand that liberal extracts are made from a similar work by Dr. Hayward, without intimating the source from whence they were taken. It may have been unintentional, or the printer's fault; however, a further notice must necessarily be deferred to a future day.

Intermarriage.—Mr. Walker's work—"*The mode in which, and the causes why, beauty, health and intellect result from certain unions, and deformity, disease and insanity from others,*" &c. &c., with numerous plates—a beautiful edition, from the press of J. &. H. G. Langley, New York—has been received through Messrs. Weeks, Jordan & Co., of this city. We are at a loss to know what to say of it, and therefore, at present, conceive it will be best to say nothing.

American Asylum for the Deaf and Dumb.—The number of pupils in the institution within the year ending May 11, 1839, was 156—of which 23 were supported by their friends, 19 by Maine, 15 by New Hampshire, 20 by Vermont, 46 by Massachusetts, 14 by Connecticut, 4 by South Carolina, 13 by Georgia, and 2 by the Asylum. But one death has taken place in the asylum during the year. The number of former pupils now known to live in the marriage relation is *seventy-eight;* and the directors say, "we are happy in the belief, that with few exceptions, they are as prosperous and happy, as most other people in the same ranks of life."

Medical Miscellany.—Dr. Ryan, author of a work on marriage, has lately issued another on Prostitution in London. The British and Foreign Medical Review says of it—"It is a wretched compilation, almost as low in its literary qualities as it is loathsome in its spirit and details. We thought it impossible that anything could go beyond the work 'On Marriage;' but the volume before us has shown that even 'in the lowest deep a lower deep' of obscenity and filth remained to be explored." The work on marriage, above referred to, is highly recommended in the last annual report of the American Physiological Society.—A captain, lieutenant, and twelve soldiers are stated to have died at St. Augustine, in consequence of using water from a well into which had been thrown, with a villainous intention, a keg of white lead. Col. Davenport and three surgeons are said to be dangerously ill, from the same cause.—The soldiers suffer greatly in Florida from the climate, and many die.—In the course of a few months Dr. Curtis, the aurist, will be here. He will find that institutions similar to his own, in most of the cities in the United States, manage diseases of the ear quite as successfully as they are treated in the Royal Dispensary of London.—There are fifty-seven persons now living in the island of Nantucket, who are over four score years old; males, 21—females, 36.—Dr. Horace Green, of New York, has been appointed professor of Theory and Practice in the Vermont Academy of Medicine. He is said to possess excellent qualifications.—In a letter from Dr. Eve, now in Europe, published in the Southern Medical and Surgical Journal, he says that the climate of Paris has proved very fatal to American medical students. Six died during the winter of 1837–8, and three have died since the 1st of January last.—Dr. Mott, of New York, who, with his wife and nine children, has been several years residing in Paris, expects to return to New York in a year or two. He left home on account of an affection of the heart, but his health is now quite re-established.—The Parisian surgeons do not believe in Dr. Mott's statements to them respecting the success in amputations by American surgeons, on account of those statements being far more favorable than the published statistics of Dr. Norris, one of the surgeons of the Pennsylvania Hospital.

To Correspondents.—A communication from the President of the Albany Medical College has been received, but too late for further notice this week.—Other papers are crowded out this week.

Whole number of deaths in Boston for the week ending August 24, 31. Males, 17—females, 14.

Of consumption, 1—cholera infantum, 3—canker, 1—scarlet fever, 4—lung fever, 1—inflammation of the bowels, 2—hooping cough, 2—dysentery, 1—old age, 1—delirium tremens, 1—paint poison, 1—marasmus, 1—infantile, 3—diarrhœa, 1—intemperance, 2—typhous fever, 1—bowel complaint, 1—quinsy, 1—worm fever, 1—cancerous tumor, 1—stillborn, 4.

THE CHASE INFIRMARY

FOR THE TREATMENT OF HERNIA, AT CONCORD, N. H.

The perfect retention of the bowel is here guaranteed in all cases of *reducible* hernia, and a *radical cure* may be expected, except in cases of long standing in aged people. The attendance of the patient is required no further than to afford opportunity, by means of a suitable instrument, to adjust the degree of pressure necessary to ensure the certain retention of the bowel, provided the patient immediately report himself should a re-appearance of the hernia, or too much inflammation, render a different adjustment of the instrument necessary. THO. CHADBOURNE, M.D., *Concord, N. H.*

References.—Amos Twitchell, M.D., Keene; Matthias Spaulding, M.D., Amherst; Oliver Perry, M.D., Exeter; C. A. Cheever, M.D., Portsmouth; William Burns, M.D., Littleton. A14—

COLUMBIAN COLLEGE, D. C.—MEDICAL DEPARTMENT.

The Lectures in this Institution will commence on the first Monday in November, and continue until the first of March. During the session full courses will be given in the various branches of medicine, by

Thomas Sewall, M.D., Professor of the Principles of Pathology and the Practice of Medicine.
Thomas P. Jones, M.D., Professor of Chemistry and Pharmacy.
Harvey Lindsly, M.D., Professor of Obstetrics and the Diseases of Women and Children.
Thomas Miller, M.D., Professor of the Principles and Practice of Surgery.
John M. Thomas, M.D., Professor of Materia Medica and Therapeutics.
John Frederick May, M.D., Professor of Anatomy and Physiology (late Professor of Surgery in the University of Maryland).

J. F. MAY, M.D., Dean of the Faculty.
Washington City, Aug. 4*th*, 1839. Aug 14—3t

GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the 1st Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. Spencer, M.D., Geneva.
Obstetrics and Materia Medica, by	C. B. Coventry, M.D., Utica.
Anatomy and Physiology, by	James Webster, M.D., Rochester.
Surgery, by	D. L. Rodgers, M.D., Geneva.
Chemistry, by	William Usher, M.D.

Medical Jurisprudence, by the Professors of Chemistry and Anatomy.

Thomas Spencer, M.D., *Registrar.* C. B. COVENTRY, M.D., *Dean.*
Geneva, July 16, 1839. Jy 31—tO

NEW MEDICAL BOOK.

Diseases of the Uterus; a series of Clinical Lectures, delivered at the Hospital La Pitié, by M. Lisfranc, and edited by H. Pauls, M.D. Translated from the French by G. Henry Lodge, M.D.

☞ See notice of this work in Medical and Surgical Journal July 24.

It is handsomely printed in 8vo., 400 pages, and price only $1 75. Published by William D. Ticknor, corner of Washington and School streets, Boston. Aug 7—

ALBANY MEDICAL COLLEGE.

This Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

Alden March, M.D., President of the Faculty, and Professor of Surgery.
Ebenezer Emmons, M.D., Professor of Chemistry and Natural History.
David M. Reese, M.D., Professor of the Theory and Practice of Medicine.
James H. Armsby, M.D., Professor of Anatomy.
David M. McLachlan, M.D., Professor of Materia Medica and Therapeutics.
Gunning S. Bedford, M.D., Professor of Obstetrics.
Thomas Hun, M.D., Professor of the Institutes of Medicine.
Amos Dean, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is $70. Matriculation fee, $5. Graduation fee, $20. Price of boarding, from $2 50 to $3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

JAMES H. ARMSBY, *Registrar.*

Albany, July, 1839. Jy 17—tO

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by - - - - - - - - -	John Augustine Smith, M.D.
Theory and Practice of Physic, by - - - - - -	Joseph M. Smith, M.D.
Materia Medica and Medical Jurisprudence, by - -	John B. Beck, M.D.
Chemistry and Botany, by - - - - - - - -	John Torrey, M.D.
Special and General Anatomy, by - - - - -	Robert Watts, Jr., M.D.
Surgery and Surgical and Pathological Anatomy, by -	Willard Parker, M.D.
Obstetrics, by - - - - - - - - - - -	James R. Manley, M.D.

Fee for the whole course, $108.
New York, July 24, 1839.

J. AUGUSTINE SMITH, M.D., *President.*
NICOLL H. DERING, M.D., *Registrar.*

Jy 31—eoptO15

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

The regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. Jacob Green, M.D., Professor of Chemistry.
2. Samuel McClellan, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. Granville S. Pattison, M.D., Professor of Anatomy.
4. John Revere, M.D., Professor of the Principles and Practice of Physic.
5. Robley Dunglison, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. Robert M. Huston, M.D., Professor of Materia Medica and Pharmacy.
7. Joseph Pancoast, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, $15. Graduation fee, $30.

Aug 7—tN1 JOHN REVERE, M.D., *Dean of the Faculty.*

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

VOL. XXI. WEDNESDAY, SEPTEMBER 4, 1839. No. 4.

PULMONARY CONSUMPTION.

FROM CLINICAL LECTURES AT THE UNIVERSITY COLLEGE HOSPITAL, LONDON, BY ROBERT CARSWELL, M.D.

WILLIAM CALVERT, 40 years of age, was admitted the 13th of this month. He is a tailor by profession; rather of regular habits; both of his parents died of some affection of the chest; he has brothers and sisters who are all healthy; he himself has always been delicate. At the age of 18 he became subject to colds; 14 years ago he had rheumatic gout; when a boy he had frequent attacks of epistaxis. *Three* months ago, having caught a fresh cold from coming out of a warm workshop into the cold night air, he became subject to a cough, more severe than any preceding one, and which was accompanied by occasional hæmoptysis. The blood spit up was usually in streaks in the sputa, but sometimes in clots. The hæmoptysis, when it first appeared, continued for two days, but was not very profuse. It has gradually diminished in quantity and become fainter in color since the commencement of the attack.

On his admission he presented the following symptoms: Pain and constriction across the chest; headache; considerable heat of skin; profuse perspirations at night; alternations of heat and cold; occasional rigors; weakness and pains in the limbs, especially in the knees, which are worse when he is hot. On percussion the sound is *dull* on the right side, under the clavicle; in the same situation, on the opposite side, it is natural. On the same side, viz., the right, on which the sound is dull on percussion, the respiratory murmur is *diminished in intensity*, and is somewhat *rough* or *harsh*. This character of the respiratory sound accompanies not only *inspiration*, but also *expiration;* and, besides, the expiratory sound is greatly increased in intensity, being nearly equal to that which accompanies inspiration. On the left side, that on which the sound on percussion is clear, the respiratory sound is, perhaps, stronger than natural; expiration, however, not being accompanied by a proportionate increase in intensity of the sound to which it gives rise; the breathing is short; pulse 76; appetite bad; bowels confined; flatulency; urine plentiful, but at times high colored.

Taking a general view of this case, we find in it a good illustration of the manner in which the phenomena of phthisis pulmonalis are successively developed, more especially where there is an hereditary predisposition to the disease, as was probably the case in our patient, whose parents are said to have died of a chest affection, and notwithstanding that his brothers and sisters are stated to be in good health. From his boyhood upwards he has been delicate and subject to colds, and has not got rid of the cough with which he became affected three months ago. This last cough has been accompanied by hæmoptysis, the blood appearing in the sputa, either in streaks or clots. This has gradually diminished, and ultimately disappeared; but it has been succeeded by various constitutional derangements, chiefly febrile symptoms of a hectic character, viz., alternations of heat and cold, occasional rigors, and profuse perspirations. Of these precursory symptoms by far the greatest amount of value, in a diagnostic point of view, is to be attached to the hæmoptysis, as predicating the existence of tubercular phthisis. Its occurrence in this case along with, and after, repeated attacks of cough, increases its diagnostic value; and taken in connection with the local signs which I have enumerated as existing in the right side of the chest, we cannot hesitate to attribute its occurrence to the presence of tubercles in the lungs; as indicating, in fact, three months ago, the existence of tubercular phthisis in this patient. In attaching so much importance to hæmoptysis I do not mean to convey the idea that it may not frequently occur, and to a great extent, independently of the presence of tubercles in the lungs. On the contrary, it is well known that hæmoptysis may be the consequence of disease of the heart or large bloodvessels, and more especially the consequence of deranged menstruation, and other obvious morbid states; but when none of these causes are present, and when it occurs repeatedly, either before or after the supervention of cough, it is of all the symptoms at the commencement or early stage of phthisis, by far the most important as indicating the existence of the disease. Of the value of this symptom of phthisis you will consult with advantage the work of M. Louis, whose labors on the pathology of this disease will afford you much practical diagnostic information.

I may, however, further observe, in regard to this important symptom, that although it most frequently occurs in patients who have, as in the case of our patient, been subject for a variable length of time to cough, it is not unfrequently met with in others who have never had cough; who are, in fact, to all appearance in the enjoyment of perfect health; and in such cases, and in the absence of other causes, is the first symptom of incipient phthisis, or of the presence of tubercles in the lungs; and I may further notice the fact that hæmoptysis is a very rare occurrence, indeed, in catarrh or bronchitis, a fact which gives additional value to its presence as a diagnostic symptom of phthisis.

I have said that the local signs furnished by percussion and auscultation in this case, greatly increased the diagnostic value of the hæmoptysis as a symptom of the early stage of tubercular phthisis. These local signs were limited to the right side of the chest, within a circumscribed space under the clavicle. They consisted of some dulness on percussion; a rough or harsh sound during inspiration; and of a sound nearly as strong, and much of the same character, during expiration. All of you are, no doubt, familiar with the value of the first sign, or dulness on percussion in the sub-clavicular region, as indicating the existence of tubercles in this region of the chest, this being so frequently the primary seat of these bodies as to constitute a law in regard to their relative frequency in the pulmonary organs. Here, however, the dulness was so slight that it might have been overlooked, or its importance might have been underrated, but for the harshness of the sound which accompanied inspiration, and more especially the existence of an analogous sound during expiration. You are aware that in the healthy state of respiration the sounds which accompany inspiration are the vesicular, bronchial and tracheal; that those which accompany expiration are the bronchial and tracheal. There is no vesicular murmur heard, and even very little of the bronchial sound during healthy expiration. The reason why the sounds alluded to are produced with greater intensity, and in greater number, in inspiration than expiration, is sufficiently obvious if we reflect on the mechanism of respiration. During inspiration the air, as has been remarked by Dr. Williams, is the moving body, and entering the lungs with considerable velocity, impinges against the angles and sides of the bronchi and cells which it has to dilate, and must give rise to sound throughout the whole course of its passage. During expiration the air, on the contrary, is put in motion by the compressed and contracting lungs, and yielding passively to this cause, does not acquire motion or resistance enough to produce sound, until, by the converging together of the small tubes, it is gathered into a current in the larger tubes, where, impinging against their sides with its now acquired velocity, it at length produces sound. Hence you can perceive why sound is heard only towards the middle or termination of the act of expiration, and heard only in bronchi of a certain size; and why it should possess a somewhat hollow and blowing character, rather than the diffuse, soft, vesicular murmur of inspiration, heard over the greater part of the surface of the chest.

I have mentioned these circumstances in regard to the production of sound during inspiration and expiration, that you might perceive more clearly the value of the sign observed in this patient manifested during the latter act. Instead of being feeble, the sound of expiration is increased, and nearly as loud as that of inspiration. Now what is the cause of this, and how is it occasioned? That it depends on the presence of tubercle there seems to be now no longer the slightest doubt, Louis, Andral, and others, having verified the fact since it was first pointed out by the late Dr. Jackson, a young American student, while studying the stethoscopic signs of phthisis in Paris.

As to the manner in which this sound is produced, or becomes perceptible to the auscultator, the following is the explanation given of it by Dr. Jackson:—

"As soon as tuberculous matter is deposited there exists a solid material around the bronchi, which will transmit the sound made by the passage of the air through these tubes. But at this early period of the disease a certain portion of the lung in the part affected is still permeable to the air, and, therefore, the murmur of vesicular expansion, during inspiration, entirely masks the sound of the air passing through the bronchi, which would otherwise have been transmitted through the denser surrounding medium. During expiration, however, circumstances have changed; the air on passing through the bronchi produces the same sound as on its entrance; and, as now there is no vesicular expansion to mask it, it is easily transmitted through the diseased or condensed part to the ear of the observer."

How far this explanation of the sound in question be the correct one, is a matter of no great importance; its occurrence, under the circumstances which I have mentioned, at an early stage of phthisis pulmonalis, and as indicating the presence of tubercles in the portion of the lung in which it is heard, is certainly one of the most important of the physical signs of this disease.

Before leaving this case I may direct your attention to the sputa, which are peculiarly characteristic of the early stage of phthisis, when not complicated with bronchitis or pneumonia. In this patient they form a striking contrast to those observed in the other patient, in whom the disease is much farther advanced. They consist of a grey or pearly-colored substance, of the consistence of tough mucus or boiled albumen, semi-transparent, collected into rather small irregular masses, swimming in a moderate quantity of a clear watery-looking fluid, or slightly adherent to the vessel in which they are contained. The quantity of the sputa may vary considerably, but in general is not great, and in our patient is small, and is coughed up with considerable difficulty.

These, then, are the principal circumstances to which I have been desirous of directing your attention in this case, viz., the characters of the sputa, the physical signs detected by percussion and auscultation, as signs of the early or incipient stage of pulmonary phthisis, and the hæmoptysis by which it is so frequently preceded.

I shall now make a few remarks on the principle of the treatment which I have adopted in this case; and I may first observe that the case is one which, as regards the stage of the disease, and its limited extent, offers a fair chance of success to any plan of treatment which has received the approbation and recommendation of practical physicians. The plan of treatment to which I now shall allude is that which consists chiefly in the frequent use of *emetics*. Whatever may have been the theory of the disease which suggested this plan of treatment, it was, at a remote period, adopted and recommended by several eminent physicians, as the most successful; and numerous cures of phthisis are reported as having been accomplished under its judicious management. It is a method, however, which was never generally adopted, and must, no doubt, have often sadly disappointed both the patient and the practitioner; and, besides, when we reflect on the very imperfect means which the physicians at the time this practice was most in vogue, possessed of determining the existence of phthisis pulmonalis, or of discriminating between this so frequently fatal disease, and other usually curable diseases of the chest, with which he must frequently have confounded it, we cannot place much reliance on the curative effects of the emetic plan of treatment under such circumstances. No modern physician, qualified for the task, that is to say, capable of establishing the diagnosis of tubercular phthisis by means of its *physical signs,* has, as yet, so far as I am aware, given this plan of treatment a fair trial, or furnished us with facts deserving of the slightest confidence.

If the result of my researches on the seat and nature of tubercle is founded on fact, it affords some grounds for the rational hope that the cure of pulmonary phthisis may be promoted or facilitated by the employment of emetics. If, as I have endeavored to prove, the tuberculous matter which constitutes the material cause of the disease, is contained principally, or in the great majority of cases, within the air-cells and minute bronchi, it is easy to perceive that its expulsion will be effected or promoted by the employment of such means; that the destruction of the pulmonary tissue will be less likely to occur, or occur less extensively; and that time may be afforded for the correction or removal of that state of the constitution on which the formation of the tuberculous matter essentially depends, and without which the cure of the disease would in vain be attempted. The employment of emetics, under circumstances so unfavorable as those in which patients are placed in hospitals, will, I am afraid, be attended by disappointment, as, whatever efficacy they may possess in effecting the dislodgment and expulsion of the tuberculous matter, we cannot, at the same time, obtain that assistance from other means derivable from the well-regulated influence of temperature or climate, including pure air, exercise, and a variety of hygienic conditions which conjointly contribute to the same end, and more especially towards the removal of the tubercular diathesis.

As, however, the case which has given occasion to these remarks presents a favorable opportunity for trying the efficacy of emetics, half a grain of the tartarized antimony, in solution, has been ordered to be taken every morning, and to be repeated, if necessary, until vomiting has been produced. The bowels to be regulated by the occasional use of a calomel and colocynth pill; and for the present the patient is to be confined to low diet. The result of the treatment will be made known to you, and I would request you to observe for yourselves, and to examine the chest of the patient with care, that you may fully appreciate the importance of the physical signs which announce in him the existence of phthisis.

I shall now detain you only for a few minutes with a very brief outline of the case of William Calvert, a portion of which I laid before you on a former occasion. You will recollect that this was a case of incipient phthisis, the physical signs of which I detailed to you at some length, as they served to characterize, in a peculiarly striking manner, the early stage of tubercular phthisis.

I considered this a case affording a good opportunity for testing the curative influence of the emetic method of treatment of tubercular phthisis, and therefore resolved on giving it a fair trial. The patient was ordered half a grain of tartarized antimony, in solution, every morning, and to be repeated, if necessary, until vomiting was produced. This treatment was continued for a week, vomiting always following the use of the medicine. It was then omitted, and for a considerable time, in consequence of the distress and weakness which followed its operation, and of which the patient complained very much. It was, however, repeated on three separate occasions, at some interval of time, the following remedies having been employed during the greater part of the time the patient was under treatment, with the view of facilitating expectoration, and allaying the bronchial irritation and cough, viz. :—A draught, three times during the day, composed of twenty minims of ipecacuanha wine ; ten minims of the tincture of squill ; twenty minims of the tincture of henbane ; and six grains of the bicarbonate of soda in ten drachms of water ; and two pills at night, composed of five grains of Dover's powder, and two of henbane. The patient was kept for some time on low diet, but, as his condition improved, he was allowed middle diet, and afterwards full diet. Towards the end of the treatment, when the cough had subsided, and the patient complained much of weakness and deficient appetite, he took for some time a grain of the iodide of iron in an ounce of the infusion of absinthium. In consequence of the occurrence of slight rheumatic pains, the iodide of potassium was substituted for the iodide of iron, under the use of which the patient improved considerably in strength.

The cough and expectoration underwent little improvement till towards the end of the treatment. At this time there was only slight cough in the morning, and followed by the expectoration of a small quantity of greyish mucus.

On examining the chest the day before the patient left the hospital, there was no perceptible difference, on percussion, beneath the clavicles, on either side. The vesicular murmur, however, was feebler in this situation on the right side ; but the increased sound of *expiration* formerly heard in this part had entirely disappeared. In this respect, as well as in respect to the sound yielded on percussion, there was no difference between the two sides of the chest.

I will not venture to assert that we have in this case an example of the cure of tubercular phthisis, but the evidence is unobjectionable that the physical signs which accompany the early stage of this disease, and which were repeatedly recognized in this case, disappeared, or had nearly disappeared, when the patient left the hospital. I say had nearly disappeared, for the respiratory murmur had not yet regained its natural degree of strength, nor had the cough altogether ceased. And, however obvious the improvement that has taken place, even in such a favorable case as this, in respect to the local affection, I cannot but fear the return of the disease in an individual, whose situation in life does not enable him to obtain and employ the means best calculated to improve and render permanent the advantage he has already gained.—*Lon. Lancet.*

"THE TOBACCO QUESTION."

To the Editor of the Boston Medical and Surgical Journal.

Sir,—It was said of old Mrs. Lethbridge's great bible, that one might open it at any place, from Genesis to Revelation, and take a pinch of yellow snuff from between the leaves. So at this time with our journals and periodicals; take up, open at random, and if you do not hit upon yellow snuff, ten to one you will find tobacco. Everybody writes or talks about tobacco; its salutary and injurious effects are strenuously contended for by our most experienced and able physicians, clearly demonstrating that upon this subject, as well as on many others, *the learned differ.* And why should they not? This has ever been debatable ground, since the early puffs of Sir Walter the smoker. But inasmuch as I verily believe that some good will result from the discussion, I also have concluded to add my mite to the general contribution. As I have taken no side in the controversy, have no opinion to support, nor theory to defend, I think I may expect to escape the charge of partiality.

Although this discussion has taken a wide range, I shall confine my inquiries to a single question, which seems to me of more importance than any other that can grow out of the subject, because it is of more general concern; viz.—*Does the habitual use of tobacco shorten the life of man?* As I wish, above all things, to be concise, I shall merely give a few statistical facts, without comments, with a hope that others may adopt a course somewhat similar.

In the first place, I made a list of the names of the oldest men, dead or alive, within the circle of my ordinary practice, looking back some 20 years. Thus far names and ages were the only objects of inquiry. The materials for this list were derived from bills of mortality, tradition, tombstones, and family records.

The next thing to be ascertained was, which of these individuals were, and which were not, in the habit of chewing or smoking tobacco.* This I found to be less difficult than I had anticipated, as a large proportion of the consumers were known to be such by the storekeepers who deal in the article.

The list contains the names of 67 men, from 73 to 93 years of age; average age, 78 and a fraction. After patient inquiry, never having received a guess as evidence, I arrived at the following result, viz.:

Smokers or chewers,	54
Non-consumers of tobacco,	9
Doubtful, or not ascertained,	4
Total	67

How much longer these men might have lived without tobacco, it is impossible to determine.

I have heard of one case, and one only, accompanied with satisfactory evidence, where life was prolonged by the use of tobacco.

At the ever memorable battle of Bennington, there stood in the ranks a New Hampshire militia man, by the name of Jonathan Wheeler. This Jonathan was a man of Herculean strength, with red, bushy hair, a peculiar squint of the eye, and with fighting propensities strongly developed; he was, moreover, a dead shot, cool, deliberate and calculating. He was prepared for action; in his cartridge-box were 24 rounds of ball-cartridges; in his canteen, a pint of potato-whiskey; in his breeches-pocket, an iron tobacco-box of ample dimensions, which had once belonged to his grandfather, old Adonijah Wheeler, of Scataquog. When the heat of battle was over, and Jonathan found time to take a quid of the tranquillizing weed, upon drawing the box from his pocket, he found, with astonishment unutterable, the indentation of a musket ball upon the lid. His trusty box had received the charge of some sharp shooter, and in all probability prolonged the life of as brave a fellow as ever swung a knapsack.

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* These inquiries have not been extended to snuff taking. No medical man, at this day, advocates the use of snuff, although it was "highly recommended" some 30 or 40 years ago, by an old Professor at Cambridge.

If this case is not worth sending down to posterity, please give it a clip with scissors editorial, and reduce the length of this communication.

Billerica, August, 1839. Respectfully yours,

Z. Howe.

ALBANY MEDICAL COLLEGE AND THE THOMSONIANS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—A notice appeared some time since in the American Medical Library, which has been copied into the American Journal of the Medical Sciences, headed the "Albany Medical College and the Thomsonians." As this notice might convey the idea that some especial connection exists between this College and the Thomsonian doctors, and is calculated to lead the public into error, we have thought proper to make the following explanation of the matter.

The Thomsonians, during their meeting in Albany, requested permission to visit the Albany Medical College, which was granted to them as to other persons who apply for the same favor. While there, they expressed to Dr. March their intention to recommend to their students to acquire a more thorough knowledge of "anatomy, physiology, surgery and chemistry," and asked on what terms they would be received into the institution. Dr. March replied that they would be received on the same terms as any other persons. It was neither intended by Dr. M., nor supposed by those who made the inquiry, that the Thomsonian students would be admitted to graduate, or be allowed any privileges which they would not enjoy in any other medical institution. For we suppose that no institution would refuse to admit an applicant to attend the lectures, simply because he might be a student of a Thomsonian doctor.

The Charter of the Albany Medical College expressly enjoins, among other requisites for graduation, "that the student shall have pursued the study of medical science for at least three years after the age of sixteen, with some physician and surgeon duly authorized by law to practise the profession;" so that it would be out of the power of the faculty and trustees to grant degrees to Thomsonian students, even if they were disposed to form an alliance with them, such as, from Dr. Dunglison's remarks, he seems to suppose exists. Any other privilege but that of graduation, they would enjoy in common with other students in the Albany Medical College, as in other medical colleges in this country.

This explanation would have been made on the first appearance of the

"Resolutions in the Albany Evening Journal," but it was then supposed that the publication would not be noticed out of the city of Albany, where the whole matter was sufficiently understood. But since it has made its way into two of the most respectable journals in this country, the trustees deem it proper to correct the erroneous impressions to which it might give rise. Respectfully yours,

August, 1839. JARED L. RATHBONE, *Pres't.*

MACROTRYS RACEMOSA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Accompanying this, I send a specimen* of the Macrotrys racemosa (bug bane, black snake root, cohort), described by Professor Eaton in the following manner. "Calyx about four-leaved, becoming colored before expanding, caducous; corol, many minute petals, very caducous, or wanting; stigma simple, sessile, curving towards the gibbous side of the germ; capsule 2-valved, dehiscent at its strait suture. Leaves decompound; leafets oblong-ovate, gash-toothed; racemes in wand-like spikes; capsules ovate." It is a beautiful plant, rising to the height of from three to nine feet, and grows in abundance and very luxuriantly in the woods and by the sides of fences in Norwalk, Ct., where I formerly resided. Its flowers are white and very delicate, arranged along several spiked racemes at the upper end of the scape. The plant became so much a favorite with me, that I brought a root with me to this place, which is now growing finely by the side of my house. I send you a single spike of the flowers and the middle division of the decompound leaf. I have never seen it growing in this State.

It has lately become a very popular remedy in coughs. I have found it useful in several cases where the cough had been protracted and severe; in some of which it was entirely removed by this remedy alone. I have found it particularly useful in the chronic cough which sometimes attends old people.

It has been thought, too, by some eminent physicians, to be a substitute for ergot in parturition, being dissimilar, however, in its *modus operandi;* relaxing the parts concerned in labor, thereby rendering short and easy, what otherwise might have been a protracted and painful labor. From what I have seen of its effects, I am led to conclude that it possesses such virtues. I hope it may have an extensive and thorough trial in the above-named cases.

The part used is the dried root, finely pulverized, given in doses of 1 drachm from 3 to 5 times per day. Respectfully yours,

Unionville, Ms., Aug. 12, 1839. E. G. WHEELER.

PERSICARIA URENS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It appears to me that the properties of this plant have not been duly appreciated. A short description may be found in Quincy's Dispensatory, published in 1742. After entering into a distinction between Persicaria non maculata and the Persicaria suc maculosa, he proceeds to say that "In scorbutic cases, hypochondriac affections, and all disorders from a sluggish circulation of the fluids, it may be found highly useful. Etmuller said that the English have it so much in esteem as to use it in the belly-ache, cholic, scurvy, spleen, and all chronic diseases. Mr. Boyle greatly commends its distilled water in the stone, and in that opinion he agrees with many who have valued it among their secrets for its efficacy in such cases. Also externally applied to dissipate bruised blood." "It is said to be antiseptic, diuretic and aperient."

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* The specimen spoken of by Dr. Wheeler is left at the office of the Journal, for the inspection of those who take an interest in the subject.—ED.

Fountain, in writing on diseases of irritation, in the New York Medical Journal, Vol. V., pages 410 and 411, said (under the head of Purpura urticans), "After he had used various remedies in the case of a female patient to no purpose, a neighboring quack said to her that he could cure her in twelve hours. She consented, and he fulfilled his promise. He fomented her legs an hour or more with a strong decoction of the polygonum persicaria, and bound a large quantity on the affected parts. On removing it, twelve hours after, not a vestige of the complaint was to be seen."

My own experience, for many years, of its medicinal powers, goes to corroborate in a measure the above ideas of its therapeutic operation. I have used the Persicaria urens in many obstinate cases of tympanitis and flatulent colic, with the best effects in every instance. I order a strong decoction to be used every three or four hours, according to the urgency of the case, by applying it over the abdomen, assisting its operation by an enema, and freely using a drink of the same. I have also found its external application to have succeeded much better than the terebinthian liniment, in cases of chronic erysipelatous inflammation peculiar to the extremities of aged people. I say chronic, for I have considered it proper to suffer the acute stage of the disease to pass over before using the polygonum. Respectfully yours, &c.

Middle Haddam, Ct., Aug. 19, 1839. N. SMITH.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 4, 1839.

MEDICAL BOTANY.

BY referring to a communication in another part of this Journal, the reader will find that Dr. Wheeler introduces to the notice of practitioners an indigenous plant, which, according to his opinion, possesses very valuable properties. It is worth while to have the subject thoroughly investigated by those who have an opportunity of testing the efficacy of the plant in protracted parturition. If it is less dangerous than the ergot, and equally certain in its action, it is destined to have a conspicuous place in our materia medica. Another article has also been advantageously used by a Connecticut correspondent, as will be seen in a preceding page, which likewise merits more general attention. Medical botany is not pursued with that ardor in this country, at present, which it merits. Plants without number abound in field and forest, whose medicinal character is quite unknown. If Dr. Lee meets with sufficient encouragement in the great work he proposes, a hope is entertained that he will be more thorough than those who have gone before him. He will have the advantage of possessing all that others have written, and facilities for conducting inquiries throughout the United States, which no other individual in that department of science ever enjoyed.

Dr. Gallup's Institutes of Medicine.—Amongst the bibliographic notices of the New York Journal of Medicine and Surgery, a writer, under the signature of J. A. S., consigns the venerable Dr. Gallup's two volumes to fire and faggot, without having read them. Is this the true way of writing criticisms? "We do not pretend to have read the above work," says this candid commentator, and we verily believe he speaks the truth. "A very few pages at the beginning, an occasional paragraph in the middle, and a hasty closing of the book at the end, with a willing determination never to meddle with it again, is all we have been able to accomplish." We hope that this wholesale and unfair process of exciting a prejudice against Dr. Gallup's labors, will not succeed. That the work far outweighs in character a host of imperfect things in the shape of medical books, which are elaborated every day in the week, will be acknowledged by those who honestly investigate its claims. The fact is, Dr. Gallup must be read with fixed attention;—this J. A. S. manner of skipping from the title page to the middle, and from thence to the word *finis*, would answer well enough for a directory, but will not do in studying the laws of life.

It is very amusing, doubtless, to find fault when one imagines that he has extraordinary powers for detecting errors before they are discovered. We are still impressed, as we were at first, with the intrinsic excellence of Dr. Gallup's researches—and we still believe that his name will be transmitted to posterity in the pages of the "Outlines of the Institutes of Medicine," when those who are always ready to put out a light, are forgotten in the lumber of accumulating centuries.

Thomsonian Students.—A communication will be noticed in to-day's Journal, from the president of the Albany Medical College, explanatory of the invitation of the faculty, to the quacks assembled at Albany, some months since, to examine the College. We are well satisfied, from this letter, that the idea of coalescing with the Thomsonians, or incorporating them with their own scholars, by way of increasing the professional emoluments, was not thought of—and it is therefore exceedingly to be lamented that some of the medical journals have put a wrong construction, rather indirectly, upon the motives of those professors who were only civil to a number of ignoramuses in medicine, who happened to be engaged in the ridiculous farce of a Thomsonian convention. Now if these Ishmaelites in medicine would attend the lectures of the colleges, it would be the happiest circumstance imaginable, for it would be the very means of overthrowing themselves. Only let them be taught, and well taught, and it would be a death-blow to the whole lobelia fraternity. Instead of condemning the college, therefore, for an indiscreet act, thus far Dr. March is deserving of commendation for his philanthropy—for it could be nothing short of it, to propose to instruct Thomsonian pupils.

Worcester District Medical Society.—Officers for 1839. Edward Flint, M.D., Leicester, *President;* Benj. Hayward, M.D., Worcester, *Vice President;* John S. Butler, M.D., Worcester, *Secretary and Librarian;* W. Workman, M.D., Worcester, *Treasurer.* Meetings are held the 1st Wednesday of October, and the 2d Wednesday of January, for the purpose of hearing reports of cases or receiving communications on medical and scientific subjects. Dr. Woodward, of the State Lunatic Asylum, will deliver a dissertation on the next anniversary meeting, the 3d Monday in June, 1840. The present number of fellows is fifty. There is a respectable and increasing library, the meetings are well attended, and the influence and interest of the Society are constantly increasing. It is exceedingly honorable to the practitioners of the beautiful and enterprising county of Worcester, that they have successfully organized and fully sustained the character of the association.

Lowell Medical Association.—By the rules and regulations of the associated practitioners of the city of Lowell, organized in March last, a stated meeting is to be held annually on the first Monday of January. The system of government adopted is similar in character to the Boston Medical Police, and if the members live up to its requisitions, they will have peace and good fellowship as long as the society exists. It strikes us that the fee-table should have higher rates of charging. A physician must necessarily pay about as much for his living in Lowell as in Boston, and the compensation for his professional services should there, as well as here, be proportioned to his expenses.

Extraordinary Power of Memory.—A boy, whose name is Gustave Adolphe Bassle, born at the Hague in 1826, has very much astonished the learned in London, by the strength of his memory. In the presence of many persons, the present season, he answered extremely difficult and perplexing questions in history, geography, mythology, and natural history, besides various other departments of knowledge, embracing the sciences. He then correctly repeated 155 figures—and without hesitation told which was the 46th of these figures, which the 28th, 115th, and so on. A table of 40 figures was then speedily drawn up and presented to him; in less than five minutes he repeated the whole series, from first to last, without making a single error.

It is pretended that a system has been discovered by which any one may acquire this great power of memory, by a few simple lessons of only one hour each. What is still more singular, it is represented that the rules may be applied with facility for the acquisition of languages. Some manipulating phrenologist will, by-and-by, show us that the thing is impossible, without a cerebral organization equal in all respects to the brain of Gustave.

M. Ricord's Practice in Phimosis.—He marks out with ink upon the skin of the prepuce, the situation of the dorsum of the corona glandis; a little in front of this mark he draws two other lines, diverging as in the figure of the letter >, reversed, and meeting below the frenum; laying hold of the prepuce with a pair of forceps behind these lines, he, with one sweep of the bistoury, removes the whole; the mucous membrane is then cut as far back as the edges of the retracted incision in the skin. In the next place he divides the frenum of the prepuce, and either ties or cauterizes with the nitrate of silver the wounded artery.

M. Ricord is very anxious to impress upon the minds of his audience the necessity of securing the artery of the frenum, either by a ligature or by torsion. If it is attempted to do so by caustic, the surgeon should take care to wipe the end of the vessel quite dry before he applies the caustic, preventing the bleeding by compressing the posterior part with his fingers. —*London Lancet.*

Division of Tendons.—The following exceedingly curious passage from an ancient diary recently published, shows that the operation of dividing the tendons of contracted muscles was performed nearly two centuries ago in England.

"The mountebank that cutt wry necks, cutt three tendons in one child's neck, and hee did itt thus: first by making a small orifice with his launcet, and lifting upp the tendon, for fear of the jugular veins, then by putting in his incision knife, and cutting them upwards; they give a great snapp when cutt. The orifices of his wounds are small, and scarce any blood follows; some are wry neckt from the womb, they only lay on a melilot plaister to heal the wound, the plaister must bee a fresh one every day. As for the symptoms of this cutting, they are only these: that about a day or two after, the child will be sickish, some humour falling on the stomach of itt, as the mountebank says. When hee hath cutt itt, he bends the child's neck the other way, and putts on a capp, and a fillet tied to the capp, and so ties itt under the arme pitts, and so by constant bending the head that way, itt becomes straight and upright."

Belladonna Plaster in Nervous Palpitations, Irritable Bladder, &c.—Dr. Simpson, of the York County Hospital, uses a belladonna plaster over the region of the heart, to quiet violent palpitation; and Dr. Laycock says that he has found the application very successful, especially in nervous palpitation. Dr. L. states also that the belladonna plaster will relieve irritable bladder and neuralgia or irritability of the rectum. The plaster should be made with the pure extract spread on lint or leather, and applied moist to the sacrum or perineum. Dr. L. thinks that an opiate plaster made with powdered opium and soap cerate, is more efficacious than belladonna, especially in irritable bladder; it will, sometimes, enable a person to rest undisturbed during a whole night.—*London Med. Gaz.*

Convention for the Revision of the Pharmacopœia.—We are informed that Delegates have been already appointed to the Medical Convention for the Revision of the Pharmacopœia, which is to meet in Washington in January next, by the Medical Society of New Jersey, the University of Maryland, the College of Physicians of Philadelphia, and the Rhode Island Medical Society.—*American Jour. Med. Sciences.*

Memorial to Congress to Enact a Law for the Transmission of Vaccine Virus by Mail free of Postage.—We have received a letter from Dr. Jas. Magoffin, Jr., of Mercer, Mercer County, Pennsylvania, in which the writer states that he has obtained the signatures of a number of the physicians in his neighborhood to a memorial to Congress, praying the enactment of a law for the conveyance of vaccine matter by mail free of postage; and he urges the making of a corresponding effort by the physicians of this city and elsewhere. The object is certainly a useful one and deserves the active co-operation of the profession throughout the country.—*Ibid.*

Yellow Fever at Charleston.—Up to the 20th ult. 71 cases of yellow fever had been admitted to the Marine Hospital at Charleston, 16 of which terminated in death, and 55 in recovery. Either from superior treatment, or some other cause, the number of deaths in Charleston, by yellow fever, in proportion to the number of cases, is but little more than half that of New Orleans.

Health of New York.—Week before last the report of the City Inspector recorded 203 interments—28 men, 32 women, 68 boys, 75 girls. The aggregate exhibits a degree of general health in the city, which is highly gratifying; while, at the same time, the number of deaths of females exceeds those of males. Cholera infantum carried off 39, dysentery 15, diarrhœa 15, consumption 22. Of the whole number, 162 were natives of the United States, and 26 of Ireland.

Medical Miscellany.—A lady, of Kensington, on the 17th ult., had four sons at a birth, who are all doing well.—David D. Owen, of Indiana, has been appointed Geologist to the United States.—There were sixty students the last term of the medical department of the University of Virginia; and forty-eight at Hampden Sidney, Richmond, Virg.—The editor of the American Medical Library cautions his readers against the 3d edition, or any edition now published, of Dr. Ryan's Formulary, which is full of inaccuracies.—Obstinate cases of bilious fever are prevalent in many parts of Virginia.—A violent kind of dysentery, says a country paper, has very much alarmed the inhabitants of Springfield, Vt. It is represented to be somewhat like the Asiatic cholera. Several deaths had occurred at the last accounts.—On the 15th ult. 24 cases of yellow fever were admitted at the Charity Hospital, New Orleans, of which 5 died. The day before, there were 10 deaths.—Only 5 prisoners died the last year in the House of Correction, at South Boston, out of the great number of over six hundred persons sent there by different courts—which is certainly complimentary to the Board of Overseers, who are both vigilant and humane, and to the physician who has the care of the hospital.—Young surgeons are receiving peculiar encouragement in the government service of Egypt. In Turkey, too, the English surgeons are well paid, both in the army and naval service.—Dysentery, produced by crude fruits, is now quite common in many parts of New England, and particularly among small children.—Drs. Geo. Capron and H. W. Rivers have opened an institution at Providence, R. I., for giving gratuitous advice in diseases of the eye and ear. Every institution of the kind should have Dr. Dix's apparatus for cleansing the Eustachian tube—an admirable contrivance. His office is in Court street, Boston.—A fatal dysentery has carried off 22 persons in the parish of Point Clare, island of Montreal.—The British government furnish their navy with 235,000 gallons of rum and 40,000 pounds of tobacco, annually. The navy consists of 20,000 men.—The medical department of the Cincinnati College is to be suspended. The professors have resigned, and the faculty, it is said, will not recommend successors.—A colored woman, named Marie Geanne Robin, died in New Orleans, on the 14th ult., at the very advanced age of 107 years and 5 months. She never took medicine of any kind.—Mr. Malcom says that the custom of blacking teeth in Burmah is almost universal. It is done generally about the age of puberty. The person first chews alum, or sour vegetables, several hours, after which a mixture of oil, lampblack, and perhaps other ingredients, is applied with a hot iron. When done by the regular professors of the art, it is indelible.—In a recent case of extirpation of the eye, M. Velpeau operated without removing the lachrymal gland with the eye.—A calculus, weighing 3 ounces, was lately removed from a female in Paris by M. Velpeau, by the vesico-vaginal section, being the first time this operation has been performed in Paris, though not the first time in France.—Dr. Griscom's Treatise on Animal Mechanism and Physiology has been published at New York, by the Messrs. Harpers, making the 85th volume of the Family Library.—Dr. Parker, in the Medical School of the city of New York, recently placed in the chair of surgery, will also lecture on pathological anatomy.—Dr. Gross's new work on pathological anatomy is looked for with anxiety. Messrs. Marsh, Capen & Co., the publishers, are driving it through the press, we understand, with all possible despatch.—Dr. Griffith, of the University of Virginia, will soon resign his professorship in consequence of ill health. He expects to visit the West Indies.

Whole number of deaths in Boston for the week ending August 31, 39. Males, 22—females, 17.

Of consumption, 4—drowned, 1—old age, 1—typhous fever, 1—inflammation of the bowels, 3—dropsy on the brain, 2—sudden, 1—fits, 2—disease of the heart, 1—child-bed fever, 1—bowel complaint, 1—cholera infantum, 3—dysentery, 4—infantile, 2—casualty, 2—scarlet fever, 1—murdered, 1—hooping cough, 1—canker in the bowels, 1—delirium tremens, 1—bilious fever, 1—debility, 1—stoppage in the bowels, 1—lung fever, 1—stillborn, 4.

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

For the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Ventro-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from $1 50 to $4 00, according to size and finish. To physicians those of men's sizes will be sold at $2, 2 25, 2 50, 2 75, and $3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21— M. R. FLETCHER.

MEDICATED VAPOR BATHS.

Physicians are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, antacid, anti-hæmorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerrish, No. 14 Franklin Place, Boston.

Aug 21—tf

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by - - - - - -	JOHN C. WARREN, M.D.
Chemistry, by - - - - - - - - - -	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by - - - - -	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by - - - - - -	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by - - - -	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by - - - - - - - -	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other. WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, *July* 10, 1839. Jy 17—tN

MEDICAL INSTITUTION OF YALE COLLEGE.

THE Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

BENJAMIN SILLIMAN, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
ELI IVES, M.D., Professor of the Theory and Practice of Physic.
WILLIAM TULLY, M.D., Professor of Materia Medica and Therapeutics.
JONATHAN KNIGHT, M.D., Professor of the Principles and Practice of Surgery.
TIMOTHY P. BEERS, M.D., Professor of Obstetrics.
CHARLES HOOKER, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are $12 50 for each course, except that on obstetrics, which is $6. The matriculation fee is $5, and the contingent bill for the course on chemistry, $2 50. The expense of a full course, therefore, is $76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is $15. CHARLES HOOKER, *Secretary.*

Yale College, *August* 1, 1839. Aug 7—6t

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.
RUFUS WYMAN, M.D.
GEORGE C. SHATTUCK, M.D.
JACOB BIGELOW, M.D.
WALTER CHANNING, M.D.
GEORGE HAYWARD, M.D.
JOHN RANDALL, M.D.
ENOCH HALE, M.D.
JOHN WARE, M.D.

At the annual meeting of the Committee, on Wednesday, Aug. 7, 1839, the premium of fifty dollars, or a gold medal of that value, was awarded to the author of a dissertation on "the pathology and treatment of Rheumatism," with the motto "Frustra fatigamus remediis ægros;" and a premium of the same value to the author of a dissertation on Scrofula, with the motto "Kunst macht Gunst." On opening the accompanying sealed packets, EDWARD WARREN, M.D., of Boston, was found to be the author of both dissertations.

The following prize questions for the year 1840 are already before the public, viz.:

1st. "The pathology and treatment of Typhus, and Typhoid, Fever."

2d. "The pathology and treatment of Medullary Sarcoma."

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1840.

The following questions are now offered for the year 1841, viz.:

1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?"

2d. "The structure and diseases of the Teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1841.

The author of the best dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. ENOCH HALE, *Secretary.*

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion. A14—4t

Boston, *August* 7, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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GENERAL REFLECTIONS ON CHRONIC DISEASE.

BY P. SPALDING, M.D., BROOKLYN, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

The science of medicine is not conjectural, but founded in nature, requiring only a series of correct observations and experiments to reduce it at least to an ordinary degree of perfection. The blandishments of theory, and preconceived notions of disease, arising from hasty conclusions upon insulated facts, must yield to experiment made for the express object of investigating the seat, nature, degree and treatment of disease, or our science must fall from its present elevation, and its cultivation be disregarded. It is believed that much of our theory in medicine is founded upon false data, and that erroneous views of disease and principles of practice have had a powerful influence in leading the mind to overlook many of the minute and more interesting phenomena of nature, which are eminently calculated to direct the mind into the true paths of medical inquiry.

Chronic disease is a subject which most interests the physician, not only because he finds it so difficult to remove, but more especially as it furnishes the field for the great class of empirics that have arisen in the present age, denying the wisdom of the learned and the skill of the most experienced.

The object in this communication will not be to go into a thorough investigation of chronic disease, but simply to throw out a few hints, hoping thereby that the attention may be excited of some who have not carefully investigated its character. The term chronic is derived from the Greek word *chronos*, meaning time, and is applied to that class of diseases which are of long standing, and not attended with acute action. By some it is used synonymously with sub-acute; but as the latter may exist and be of short duration, not attended with the functional and textural derangement of the former, there is good reason why there should be a distinction. The following considerations are offered to establish the fact that chronic disease is local, dependent upon local sensibility and irritation, and that all successful treatment is predicated upon this fact.

1. All actions, whether diseased or healthy, acute or chronic, are either general or local. If the former, then they must partake of one nature; if the latter, they may differ.

2. As the system is composed of organs differing in sensibility,

structure and function, their action, either in health or disease, must vary and be local, or connected only by general influence. That the sensibility of one gland differs from the sensibility of the others, is certain, and for this reason its action upon the blood is such that urine, bile, milk, saliva, semen, &c., will be secreted according to the structure and function of the organ which acts upon the blood. Nerve, bone, muscle, membrane, gland, have an organization, sensibility and function peculiar to themselves, rendering them susceptible at all times of being locally affected.

3. Local action exists almost entirely independent of general influence, as is manifest in the growth of the hair, nails and beard. If the growth of these textures were not dependent upon their own peculiar sensibility, why should it continue after the general circulation has subsided, and the animal functions are entirely destroyed? The function and growth of the testicle, uterus and mamma, depend upon their organic sensibility and contractility. The condition of the system, particularly at the time of their development, and the phenomena attending the exercise of their functions, demonstrate most clearly local action. The growth of the horns of animals, the union of parts entirely separated from the system, the transplantation of the spurs of the cock into the comb, and the removal of the feathers of birds of one species into those of a different species, illustrate most clearly local action. The mucous membrane, in its sensibility and function, differs from the serous; the fibrous and synovial, from both.

4. Change of sensibility in an organ induces diseased action independent of general influence. Hence an exalted sensibility of the serous membrane causes a preternatural effusion of serum; and if we may credit pathologists, the sensibility is so altered as to produce an affusion or exhalation of blood, independent of a rupture of the vessels. We also see this principle exhibited in disease of the liver, where the bile is not only changed in quantity, but becomes very acrid, so as to prove an unnatural stimulus to all the organs with which it comes in contact. The same is exhibited in disease of the kidneys, stomach, and other organs, evincing local action.

5. By a careful examination of the symptoms and pathology of disease, it will be found that most, if not all, the alterations from health in the human system, are local actions, dependent, however, upon general influence, being the result of that unknown principle termed life, which pervades every fibre of the animal economy, and produces all the phenomena of organized bodies. There can be but little if any doubt as to the locality of that class of diseases, termed by Dr. Good, phlogotica. Under the genus empresma we see a variety of diseases affecting the general circulation and functions of life, which, under the knife of the anatomist, are resolved into local diseased actions. Pneumonitis perhaps exhibits as many general symptoms as any one disease belonging to this genus. The structure, situation and function of the lungs, render it absolutely certain that the system will extensively sympathize in their affections; but however manifest the constitutional symptoms, careful observation establishes their local origin. Pain in

the side, difficulty of breathing, especially in the recumbent posture, expectoration of mucous blood or pus, cold chills, hot dry skin, accelerated pulse, are usually the rational symptoms which characterize acute inflammation of the lungs. Chronic inflammation is attended with the same general symptoms, as is manifested in phthisis pulmonalis. Any one conversant with disease of the lungs, either acute or chronic, readily admits that it commences, continues and terminates here, or in parts internally connected by contact or sympathy. The general affection is symptomatic, it must be so from necessity ; but the disease is seated in the lungs, and usually remains there until health is restored or death takes place.

Whether the inflammation is in the mucous membrane of the trachea, bronchia, air vesicles, or in the parenchyma of the lungs, dissection always exhibits local disease as the immediate cause of death ; and if our opinions are made up from evidence, the phenomena attending either acute or chronic disease of the lungs are sufficient to establish its locality. It is true that other parts may become affected through sympathy, or exciting causes, as the mucous membrane of the alimentary canal in the last stage of phthisis ; but this does not invalidate the doctrine of local disease. It is unnecessary to observe that in enteritis, peritonitis, cephalitis, and all the other phlogotica, analysis always proves them to be local affections.

Necrosis is a local disease. When acute, we observe constitutional excitement as distinctly as in most fevers, which are termed general affections. In this stage there are heat, pain, chills, furred tongue, increased hard pulse, &c. ; but the same is observed in the chronic stage, and the fact that the general derangement subsides upon the removal of the local exciting cause, demonstrates local disease.

What are the whole class of diseases of the joints, but local affections? and yet they produce a sympathetic action which gives to them a general character. Inflammation and ulceration of the synovial membrane produce very extensive constitutional derangement, as is apparent in white swelling of the knee and other joints.

If there be a general disease in the whole catalogue of human maladies, it is typhous fever ; and yet it is questionable whether this does not arise from local derangement. The force of the disease more generally falls upon particular organs. If typhus be a congestive disease, as is maintained by some, it must be local, as general congestion is incompatible with natural laws, for respondent action would never take place under this condition of the system. Congestion in the large vessels, especially the veins, is not a cause, but the effect, of loss of action in the heart, which proves local disease. If the heart contract and dilate properly, no cause but a mechanical one can produce congestion in the large veins. Obstruction or loss of action will cause congestion in the bloodvessels; but the cause is local, though the congestion be more general. The capillary system appears to be without the direct influence of the *vis a tergo*, and is governed by its own organic sensibility and contractility ; hence loss of action will produce congestion; but this will ever be found to be in particular organs or textures. Congestion arising from obstruction is observed in enlargement of the liver, spleen, and from tumors compressing the large vessels.

Though congestive diseases are local, whether acute or chronic, yet the constitutional symptoms give to them the character of general diseases. It is more than probable that typhous fever is located in the brain, and that, could the integrity of this organ be maintained, the disease could be early arrested. Typhoid fever, or the dothinenteritis, which resembles typhus in most of its general characters, is now universally admitted to be seated in the mucous membrane of the alimentary canal, especially the ileum and in the glands of Peyer and Brunner. If this be a local disease, as is proved beyond all doubt by the pathologist, why may we not safely infer that typhus is, though the particular lesion has not as yet been fully demonstrated by the knife of the anatomist?

Those chronic complaints of the lungs, liver, spleen and alimentary canal, which are benefited by air, exercise, diet, and those means which give general tone to the system, are probably removed by restoring equilibrium of action, and breaking up morbid actions which had become habitual. Chronic rheumatism is most readily benefited by equalizing the circulation, and hence the advantage of sulphureous fumigations and baths. Pain in the head, which attends many during their whole lives, is probably owing to congestion in the capillary vessels and veins, pressing unnaturally upon the delicate and susceptible nervous tissue, and is only removed by enabling these vessels to contract so as to remove preternatural distention.

It is said that acute and chronic diseases consist of general action, as the causes which produce them are often elementary; but this does not establish the principle, but simply shows the extent of powerful impressions. The cause must precede the effect in all cases; if the latter be local, then the principle is established. The whole powers of the system cannot act upon general impressions, and were not the functions of some organs suspended while the action of others was increased, disease would be incompatible with the laws which govern the animal economy. It is true that certain general actions have a controlling influence in health, as well as in disease, as is manifest in the circulation of the blood and nervous energy. As the bloodvessels are distributed to every part of the system, we should *a priori* suppose that deranged vascular action must of necessity produce general disease; but as the bloodvessels and nerves are endowed with their own peculiar sensibility in the several organs, rise is given to local action and local disease. The sensibility of the capillary vessels of the parotid gland differs from the sensibility of the same vessels in the liver, spleen, pancreas, &c.

We judge of action by effects; if these do not correspond in the various textures, it must be referred to the peculiar sensibility of parts. That the system becomes diseased, is admitted; and that several organs may be affected at the same time, is certain.

It might also be observed that powerful impressions may have a general influence before the production of disease. This is often exemplified; but equilibrium of action must be destroyed, and the organic sensibility of the vessels changed, before an organ is diseased.

Excitement, either general or local, may exist, and not constitute or be attended by disease; it is only when the vessels put on a new action, having their sensibility changed, that they can be said to be in a pathological state. General or elementary causes may produce excitement or weaken the circulation, before the vessels take on an unnatural action; but when disease manifests itself, it fixes upon certain textures most predisposed, either by circumstances or idiosyncrasy, to become affected.

Pathological observations and physiological reflections have done much toward the investigation and cure of disease. Morbid anatomy is replete with evidence, showing that local disease is the immediate cause of death in the great majority of cases; and may we not infer that those cases which do not exhibit it, are owing to the imperfection of our examinations, and not to the character of the disease? Morgagni, in his voluminous work, has clearly established the locality of chronic disease. Modern pathology has enriched the profession with a fund of observation, which has dispelled the dark clouds of mysticism and hypothesis, that so long have retarded the march of medical knowledge, and produced a new era in the investigation and cure of disease, duly to be appreciated by every lover of science or well-wisher to the best interests of mankind.

It has been also observed that acute, and most chronic diseases, are general affections, from the fact that the fluids undergo extensive alterations from health, and as these pass into every part of the system, universal disease must inevitably be the consequence. This is plausible reasoning; and were it not for incontrovertible facts, we could subscribe to so pleasing an hypothesis, and relinquish further investigation. The phenomena of nature are too striking to be passed slightly over. From her we are to acquire our principles of reasoning and of practice. What is the effect of a bruise, wound or fracture, but to produce local inflammation? Does not the blood exhibit the same buff, and are not the secretions as extensively changed, as in inflammatory typhus, or those diseases which have been termed general? It is apprehended that all which can be inferred from diseased fluids, is that they produce unnatural action in some organs, while they prove perfectly inert in others, going directly to prove local disease. The experiments of Magendie, Bell, Brande and MacNevin, show that unnatural agents may be introduced into the circulation, and contaminate the blood, but that they are determined to different organs and thereby produce local disease.

Every change in the system arises from vital, chemical or mechanical laws. Vital action depends upon organic sensibility and contractility, from whence arise the phenomena of life. Agents may act directly upon the sensibility of an organ, and produce disease, or by sympathy; in either case the effect may be precisely or nearly the same. Vicarious action is often observed in disease; it is the *vis conservatrix et medicatrix naturæ.* But this only proves that several organs may become affected at the same time, in consequence of intimate sympathy; or, in other words, that the system is endowed with the principle of extending a disease over a greater surface, that the degree of action may be less. If disease arise in the mucous, serous, fibrous, synovial or glandular textures, though it extend to different parts of the same tissue, it should be considered local, and treated accordingly. Surgery knows little of general, but is perfectly familiar with local disease.

The above remarks have been made, not to deny general principles, or discard constitutional remedies, but particularly to fix the attention, direct inquiries, and lead to a careful investigation of disease. Notwithstanding the many improvements in our science, it is believed that a respectable portion, if not a majority, of the profession, are loose reasoners, careless observers, routine practitioners, satisfied with hypothesis, and do not carefully look into natural causes or investigate disease by pathological observation. In the examination of chronic disease, the mind should be definitely fixed; the actions and functions of all the organs should be analyzed, and structural changes understood. The human mind is naturally inclined to generalization—to view things as a whole, and not in parts—and thus overlook what is absolutely necessary in making a correct diagnosis, upon which an appropriate mode of practice can only be predicated. It is a true remark that our prescriptions increase with empirical rapidity when we are not governed by principle; but when we understand disease, its nature, seats and degree, they will be simple, direct and efficient.

An eminent writer observes, "Who can cure chronic diseases?" Every experienced physician attempts it with reluctance, knowing its peculiar uncertainty. The following are some of the reasons which render it so difficult.

1. They are attended with a change of sensibility in the vessels of the affected organ, that is not restored by agents which control acute disease. This has not only an influence over the actions of the part, but extensively modifies the operation of all therapeutic means.

2. Chronic diseases often affect structures endowed with a low degree of vitality and vascular action; hence they may be of long standing before they are observed by the patient or friends. This is particularly the case in disease of the synovial membrane and the cartilages.

3. Idiosyncrasy, which cannot be explained, extensively modifies or changes the natural action, so that those remedies which in other cases have proved successful, are not only inert, but often injurious. Constitutional peculiarity has much to do with diseased action, as is well known by every medical man.

4. They become habitual; the diseased structure having accommodated itself to the action which has existed for a long time, retains it with peculiar tenacity, and only yields to permanent, and often the most powerful impressions.

5. Chronic diseases are rendered incurable, or of difficult removal, from structural affection. It is impossible to understand all the changes which attend them, some of which may be carefully observed, such as obliteration or lessening of the calibre of the diseased vessels—augmentation or an increase of the same—hardening or hepatization—opacity

of transparent membranes and tissues—formation of new vessels, endowed with their own peculiar sensibility and action, which cause adhesion, obliteration of natural cavities, false membranes, cysts, hydatids, tubercles, tumors, scirrhosities, &c—ulceration or fistulous openings, attended with destruction of the natural textures—suppuration, which may depend upon textural or functional affection, according to circumstances.

When we reflect upon the minute ramifications of the bloodvessels and nerves, we can readily perceive that the structure of the several organs will become changed in most chronic diseases, and we ought not to deny its existence even when it is not revealed by dissection. Most of the important changes in the system are beyond the reach of demonstration; no one can tell the exact process by which bile, urine and semen are secreted, or what action the vessels exercise in forming blood. Yet all these important changes result from the action of the capillary vessels and nerves.

In deducing rules of practice, we should understand the seat of disease, from which the general sympathetic affection arises. If the principle advanced, that chronic diseases are local, be correct, we shall readily conclude that those remedies which act directly upon the diseased organ will be most successful. When we adopt this mode of reasoning, and practise upon principle, it is believed that most of our empiricism will vanish, a long list of remedies be laid aside as useless, or hurtful, and that our prescriptions will be few, simple and direct, but more efficient. The more local our treatment, the more certainly shall we affect those vessels upon which disease depends.

In chronic inflammation, local bloodletting and counter-irritation may have a powerful influence in overcoming disease, whereas general bleeding might only increase debility, impair the integrity of all the organs, destroy those healthful actions upon which we almost entirely depend, when looking to the powers of nature for assistance in overcoming actual disease.

It is correct in principle, that in all inflammations local bleeding should supersede general; and could it be carried to sufficient extent, it is quite questionable whether the general use of the lancet would ever be required. But as this cannot always be accomplished, a resort to general bleeding, of course, is our only alternative. Local bleeding exerts an influence upon the diseased vessels, removing the irritation upon which the general sympathetic action depends. The constitutional effect of many diseases may be suspended by it. This is particularly the case with cancer. As this disease is attended with a specific action, generating a poison which ultimately contaminates the system, it is evident that lessening the quantity of blood in the diseased vessels will extensively diminish the secretion, and keep down the diseased action, so that life may be much prolonged. Most diseases are attended with acute, chronic, or specific inflammation; and as this is always local, topical remedies are particularly indicated. A good rule in practice is, that we understand the exact condition of the system before we make an application of remedies. It may with much propriety be asserted, that the effect of all remedies depends as much upon the condition of the system, as upon their own inherent properties. Hence opium, under one state of the system, is narcotic; under another, sudorific, antispasmodic, expectorant, astringent, cathartic; and so with most of our therapeutical agents. We cure disease by instituting states or conditions incompatible with morbid action.

Again, we should discriminate between chronic disease and chronic predisposition to disease; the former being more generally attended with inflammation, the latter with debility. Hence general debility will so dispose a part to become affected, that nothing but a resort to tonics, and other means which invigorate the system, will prevent actual disease. It is highly probable that the injudicious use of tonics, which has been a fruitful source of injury in chronic diseases, is owing to not discriminating between debility and inflammation.

Chronic disease is often removed by rendering it more acute, or extending it over a greater surface; this either produces a change incompatible with its continuance, or prepares the system for the application of more efficient remedies. By breaking up old associations and habits, a change may be effected in the diseased vessels, rendering them more susceptible of healthy action. This principle is often exemplified in practice, and much advantage may be taken of accidents, and stimulating measures, which have converted a chronic into an acute disease. The effects of rendering a chronic ulcer more acute, are well known; the most pleasing results are obtained. The greatest precision is necessary in applying this principle to the vital organs, lest we excite in them an action inconsistent with their vital energies, or produce textural derangement. It is only in certain cases that it can be safely resorted to, except in organs not directly essential to the well-being of the system. Chronic congestion, not attended with textural derangement, will be removed more readily by a judicious application of stimulants, than by any other class of remedies.

The vital properties of an organ have an extensive influence in disease, whether acute or chronic. Where these are the most exalted, and the functions most complicated, we are to look for acute; and where less, for chronic disease. Therefore in the latter case we are directed to adopt the most permanent measures.

Perseverance in a judicious course of remedies is absolutely required. Many cases are abandoned before time is given for those permanent changes, which must be effected before health can be restored. Though we should depend much upon the natural powers of the system, and almost entirely in all textural affections, still by understanding the nature, degree and seat of the local irritation, we may administer or apply remedies which will have a commanding influence over the diseased vessels, restoring them to healthy action, and thereby removing all constitutional disturbance. It is necessary, in the treatment of either acute or chronic disease, to guard the functions of all the organs; but still the local affection, upon which all the constitutional symptoms more frequently depend, should not be overlooked. How often do diseases of the uterus, attended with cramps, hysteria, vertigo, palpitation, indigestion, leucorrhœa, tenderness of the spine, general affection of the animal and vital functions, yield to a strictly local treatment, which removes chronic inflammation, and restores tone to the debilitated vessels and ligaments.

While pathology is exerting an irresistible influence, it is hoped the profession will be enriched by the labors of those, whose qualifications and situation give an opportunity of making such investigations as will render the practice in chronic disease rational and efficient. When this is done, quackery will cease, and reproach no longer rest upon the science of medicine.

July 30, 1839.

LETTERS FROM THE WEST.—NO. IV.

CINCINNATI COLLEGE.—CINCINNATI HOSPITALS AND MEDICAL SOCIETIES.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—During my sojourn in this place, thus far, I have associated principally with the professors of the new medical school and their immediate friends, and have become more intimately acquainted with the history of this institution than of the Medical College of Ohio. The former differs from the latter in its organization. The Medical College of Ohio is an independent school, while the new school is a medical department of the Cincinnati College, which was founded in 1819. This department was organized in the summer of 1835, by the Trustees, upon the application of that most indefatigable man, Dr. Drake. So unexpected a measure created no little excitement in the city. It was the prominent topic of conversation in the street and within doors. The friends of the old school were up in arms, and declared the project altogether wild, and one entirely unauthorized by the charter. The supporters of the scheme disputed the matter with them until open hostility was fairly established between the two parties. By referring to the charter of the old Cincinnati College, it was plainly discovered that that instrument gave the trustees full authority to adopt the course which had been taken. Friends and foes could read, " That the power to appoint professors was unlimited; that every branch of human knowledge, except denominational christianity, could or might be taught in the institution ; and that they might grant or confer, on any candidate, all or any of the degrees that are usually conferred in any college or university within the United States." The war was kept up with unabated violence until the close of the winter term, but was only suspended to be renewed the succeeding fall. The first session of the new school opened with sixty-six students, and at the close of the term the degree of doctor of medicine was conferred upon eighteen young gentlemen. The number of students has been gradually increasing. Last winter the class numbered 130. The enmity between the schools is still raging, and it is feared by a number of the friends of both institutions that they are materially injuring themselves, and that students will be induced, by witnessing so disagreeable a controversy, to proceed, even after arriving in the city for the purpose of attending lectures, to

Louisville, Lexington, or one of the eastern schools. It is to be hoped that this unnecessary warfare will soon be ended. I feel confident that one or both parties must fall in case of no abatement.

The faculty of the new school, as you are doubtless well aware, is composed of gentlemen well qualified to discharge their duties. I have not room here to speak of any of them individually. In my next letter I will give you a sketch of two or three of them, which I hope will afford interest to some of your readers.

The building in which the lectures are delivered is a large brick edifice, situated in a central part of the city. It has twelve rooms:—a large chapel, three apartments for medical lectures, three for the academical department, one for the law department, and rooms for the medical faculty meetings, cabinets of healthy and morbid anatomy, and dissection. Its external appearance is quite plain and handsome. Four years ago it was a nuisance to the city; presenting nothing to the view but a heap of ruins—the abode of bats, frogs and lizards—a large mark for boys to throw stones at as they passed along; but by the genius and enterprise of a single individual, it has become the ornament and pride of the queen city of the west. The materials for prosecuting the study of the various branches of medicine are ample. The cabinets of healthy and morbid anatomy, I believe, are not excelled in the west; and the dissecting room is always well supplied with recent subjects. In connection with these, I may mention the extensive collection of minerals, the splendid chemical apparatus, and a case of the rarer articles of the materia medica.

I think this school and the Medical College of Ohio may both flourish if they will cease fighting; but if they continue the combat which has been carried on for three years past, I should not be surprised if they should both share the fate of the Kilkenny cats.* I express my opinion plainly, freely and fearlessly. I sincerely desire the success of both schools, and think it high time that a warning voice should be raised which will be heard and heeded.

The next institutions which I wish to present to your notice, are the two hospitals—first the Commercial Hospital and Lunatic Asylum, founded by the Legislature of Ohio, upon the petition of Dr. Drake, in 1819; and second, the Cincinnati Hospital, organized in 1836, and under the management of the new school. I cannot speak in the most favorable terms of either. The former is the largest, and until last winter has been under the direction of the faculty of the old school. By an act of the last Legislature, the students of the new school are admitted within its walls upon an equal footing with those of the Medical College of Ohio. The Lunatic Asylum attached to this hospital is, in a word, a prison house—more fit for the incarceration of murderers than the use to which it is applied. The hospital will accommodate from seventy to eighty patients. The Cincinnati Hospital will not entertain more than forty, so that both together are scarcely adequate to the wants of the country.

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* Owing to this letter being sent by private conveyance, it has been detained several weeks, and does not, therefore, give the exact state of the new medical school at the present time. As was intimated in the last No. of the Journal, a report is current that the professors have resigned, and the medical department of the College is to be suspended.—Ed.

The truth is, I know of no hospital in the Mississippi Valley, except the Charity Hospital at New Orleans, which can be considered a superior establishment. There is a great demand for good institutions of the kind in the West, and I am inclined to think, that until the attention of the public becomes aroused, and they be made to feel the necessity of these important charities, and the Legislatures of the several States take the matter into serious consideration, nothing of importance can be effected. Individual wealth is too rare and feeble for their endowment.

In conclusion of this letter, I will merely allude to the Cincinnati Medical Society and the Ohio Medical Lyceum, two incorporated bodies which have been in existence for a number of years past. Their objects are similar to like associations throughout the United States.

In my next I will give you a sketch of Dr. Drake and Dr. Gross, two of the most distinguished medical men west of the mountains.

Cincinnati, August 1, 1839. Yours truly, W. J. B.

DR. LEE'S PHYSIOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—My attention has been called to a notice of my work on Physiology in the last No. of your Journal, in which you intimate that I am indebted to Dr. Hayward for some of my matter, leaving your readers to infer that I have made an unwarrantable use of his book. It is due to myself to make the following statement. The Physiology was compiled at the request of the "American Common School Society," for the use of elementary schools, with no particular view to reputation or emolument on my part, but because it afforded a favorable opportunity of imparting what I conceived an important kind of knowledge to the rising generation. It was understood that the work was to be a compilation, and accordingly it was avowed to be such in the preface of the first edition, in which I used the following language. "It is unnecessary to state that this work makes no pretensions to originality. The design has been to condense, in as short a compass as possible, the most important results of the labors and researches of others. This general acknowledgment, it is hoped, will be sufficient, without specifying in every instance, the source to which the author is indebted." With this explanation I ventured, in some instances, to employ the language of others, where I could not improve it, but in general I aimed to give the substance of what is contained in our standard authorities in my own language. As the works consulted were numerous, the references required would have only served to distract the attention of the reader, without affording any particular benefit, and they were accordingly all omitted, as stated in the preface. In preparing the second edition, I endeavored to make the language still more exclusively my own, and for that purpose re-wrote nearly the whole of it. I had supposed that the work was not now liable to any just criticism of this kind, and though still professedly a compilation, would not suffer, perhaps, on the score of general originality, with similar works of the day. To guard, however, against any such charge, the preface of the second edition contained the following acknowledgment. "In preparing it, more than fifty different works have been consulted, from all of which the writer has freely taken whatever he found adapted to his purpose. Originality has not been aimed at, as it was precluded by the very nature of the subject; indeed, it would have been unsuited to the object in view."

I am gratified to find that the work has been thought to answer the purpose for which it was prepared. I claim little or nothing for it on the score of originality, in the usual acceptation of the term; being satisfied if it be considered a useful and judicious compilation.

New York, Sept. 3, 1829. Yours, very respectfully,
CHARLES A. LEE, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 11, 1839.

A GUIDE FOR MOTHERS AND NURSES.*

DR. TICKNOR, of New York, is certainly a fortunate as well as instructive writer. It matters not what subject he takes in hand, for he acquits himself in a way to meet with the approbation of the profession, and that is much more than all his cotemporaries do. It is a discovery of infinite importance to a man who has a talent for writing and the industry to complete a literary or scientific undertaking, to know how to wield his power to the best advantage. Dr. Ticknor's *Philosophy of Living* is quite as well liked in England as in the United States—but were it not really meritorious, its reputation would have been bounded by the State of New York. At a very opportune period, his present work, which makes no pretensions to distinction, is precisely calculated, from the importance of the subjects discussed, and its popular character, to be extensively read. We perceive that the élite of the profession in his own city have given it an attentive examination, and with apparently the kindest feelings speak of its utility.

Notwithstanding the fact that the mortality of children is astonishingly great in all civilized countries, we are not in the habit of reflecting upon the various causes which produce this melancholy result. In Brown's Domestic and Financial Condition of Great Britain, it is stated that at the termination of the first twelve years of existence, about one third of all that have been born, die. Of the number which die within the first year after birth, principally through the mismanagement of inexperienced mothers, or the careless, irresponsible conduct of nurses, it is impossible to determine; but that premature death results from these sources, is almost universally acknowledged—and yet the vital statistics on this point have been culpably imperfect.

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* A Guide for Mothers and Nurses in the Management of Young Children, with reference to hereditary or family diseases, and advice to pregnant and lying-in females, &c. By Caleb Ticknor, M.D. New York: Taylor and Todd. 1839. Pp. 242.

We do not rank ourselves with that selfish professional clique who are always alarmed at the idea of teaching the elements of physic and surgery, or hygiene, to the people. The more they know of their own physical organization and the laws of life, the more confidence have they in the higher attainments of their medical advisers. Now Dr. Ticknor has undertaken to address mothers and nurses in their own vernacular tongue, on a topic of the highest possible interest to themselves and to humanity—and we wish, therefore, that success may follow the labor. He claims nothing original—nothing new; he has simply compiled fourteen chapters on the management of young children, with reference to hereditary diseases, &c., accompanied by excellent advice.

Dr. Gross's System of Pathological Anatomy.—Such progress is making in the publication of this work, that the publishers feel quite certain that, with its beautiful engravings, it will be on sale by the month of October. As it is considered by competent judges to be an admirable system, and very much needed, we trust that the schools will have it in time for the coming lecture season as a text book. That such will be its destiny, to become a standard in pathological anatomy, is firmly predicted by those who have had the opportunity of inspecting the manuscript.

Human Physiology, for the Use of Schools.—A passing notice was taken of Dr. Lee's book, a week or two since, with the intention of recurring to it again whenever we had completed the examination. In the meantime a communication has been received, and will be found in this No. of the Journal, from the author, who fully explains the material points about which there have been frequent remarks. We entertain no hostile feelings towards Dr. Lee in relation to the accusation brought against him of having borrowed without giving credit. The matter must necessarily be between him and those who are the aggrieved party. The explanatory article, it strikes us, will be satisfactory, and restore harmony wherever there may have been unpleasant feelings.

Medical Lectures at Washington.—From some cause not well understood hereabouts, the medical course of instruction has been suspended a year or two at the city of Washington. Vigorous exertions are now making for conducting medical lectures as they formerly were at that place. Dr. Sewall is still a member of the faculty, and well known for his perseverance and devotion to the science of medicine.

Harvard University.—The degree of Doctor in Medicine has been conferred on the following candidates during the last academic year.

Robert Harper Adlam; Benjamin Barnard Appleton, A.M.; Charles Vose Bemis, A.B.; Henry Bigelow, A.B.; Ward Nicholas Boylston, A.M.; Charles Hale Brown; Bertrand Francois Bugard, A.B.; Samuel Cabot, Jr., A.M.; Daniel Clarke; Kendall Flint, A.B.; Joseph Bassett Fobes; Benoni Guay; Barnaby Winslow Hathaway; William Mann Kimball; Joseph Marmette; Benjamin Franklin Parker, A.B.; John

Witt Randall, A.M.; Aaron Parker Richardson; James Osgood Savage.

Walter Channing,
Dean of the Faculty of Medicine.

Boston, Sept., 1839.

Yellow Fever.—Believing that it may be useful in after times, at least, to refer to the history of this disease in its fearful career in 1839, an imperfect register of mortality is kept, as information is received. It is extremely gratifying to notice the humanity of the City Council in the first Municipality of New Orleans, at this particular time of alarm and distress in that city. The first Municipality is divided into five districts, for each of which two physicians and an apothecary have been appointed by the Mayor, to attend to the indigent sick of the yellow fever. They are to be paid for their services.—The New Orleans Courier, speaking of the yellow fever, says—"It is no longer destitute, neglected strangers only who are falling victims to the yellow fever; but people well cared for and comfortable, and some of them natives of Louisiana."

New Orleans, August 23.—On Wednesday, total number of admissions to the Charity Hospital 25, of which 10 were yellow fever. Total deaths 13, of which 12 were yellow fever. Yesterday, to 8 P. M., total admissions 33, of which 14 were yellow fever. Total deaths 8, all of which were yellow fever.

Augusta, Geo.—No less than two thousand of the inhabitants of Augusta fled from that city in consequence of the fever. There have been 38 cases since August 18th, of which 28 have died.

Four new cases of yellow fever were reported at Mobile on the 24th. The sickness, up to the 27th, had not materially declined. There is a great want of good nursing, an essential point in this complaint. At New Orleans we hear of patients being carried through the streets in open carts, exposed in their agonies to a hot sun.

Maryland Medical and Surgical Journal.—In the Journal of Dental Science it is remarked that this newly projected quarterly is to appear in July. It is now September, and it has not arrived. However, it may be expected soon. In the prospectus it is stated that it is to be published by the Medical and Chirurgical Faculty of Maryland. Is this the medical society of the State, acting under a charter, or a voluntary association of practitioners, not incorporated? Perhaps some of our correspondents are able to answer the question—and at the same time furnish the names of the executive officers, of the present year, and the day of the annual meeting. A speedy reply would very much oblige.

Medical Miscellany.—Several physicians in Savannah are candidates for aldermen of that city.—Yellow fever has been developed on board the Mississippi steamboats.—A correspondent speaks of the existence of small-pox in Maine.—Dr. Wallace's chart of the eye should be introduced into all common schools—it is easily understood by children, and gives them a perfect idea of the principles of vision in connection with the mechanism of the organ in man and a series of the lower animals.—Dr. Haynes's utero-abdominal supporter is much admired by those who have examined it. Physicians are recommended to give it a thorough trial.—A new work, from the French, of great professional interest, is now in process of translation in Boston—to be published ere long.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. Elevation 483 ft.

1839. August.		THERM. Sun r.	THERM. 2, P.M.	THERM. Sun s.	BAROMETER. Sun r.	BAROMETER. 2, P.M.	BAROMETER. Sun s.	Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER. H'st	REGIS. THER. L'st	Remarks.
1	Thur.	62	76	69	29.25	29.33	29.33	N W	Fair	62	75	
2	Frid.	58	72	67	29.40	29.41	29.39	S W	Fair	67	73	
3	Satur.	58	76	70	29.33	29.35	29.38	N W	Fair	57	75	
4	Sun.	54	76	72	29.42	29.53	29.52	S	Fair	52	77	
5	Mon.	60	80	74	29.44	29.50	29.50	S W	Fair	54	80	
6	Tues.	59	79	73	29.49	29.48	29.48	S W	Fair	55	81	
7	Wed.	57	76	72	29.40	29.38	29.38	N W	Fair	65	81	
8	Thur.	58	76	67	29.32	29.26	29.20	S W	Rain	56	81	
9	Frid.	64	77	68	29.04	28.99	29.08	N W	Showery	65	79	
10	Satur.	54	72	65	29.13	29.26	29.30	N W	Fair	53	75	
11	Sun.	52	76	72	29.39	29.49	29.50	S W	Fair	52	72	
12	Mon.	61	69	70	29.50	29.50	29.49	S W	Fair	58	78	Fine rain in the forenoon—rain in the night.
13	Tues.	60	74	72	29.54	29.61	29.65	N W	Fair	59	74	
14	Wed.	60	72	62	29.68	29.71	29.70	N W	Fair	58	73	
15	Thur.	55	69	60	29.63	29.67	29.68	N W	Fair	54	72	
16	Frid.	60	63	58	29.62	29.60	29.55	N E	Rain	52	68	Cold storm.
17	Satur.	54	64	62	29.53	29.55	29.58	N E	Fair	54	66	
18	Sun	58	71	69	29.53	29.56	29.56	N E	Fair	67	77	Foggy morning.
19	Mon.	56	80	75	29.56	29.59	29.60	S W	Fair	56	78	Warm and pleasant weather, well fitted to bring forward the fruits of the season. Great uniformity of temperature.
20	Tues.	63	83	80	29.51	29.52	29.50	S W	Fair	60	83	
21	Wed.	65	85	82	29.45	29.48	29.47	S W	Fair	61	84	
22	Thur.	68	84	77	29.42	29.40	29.40	S W	Fair	64	85	
23	Frid.	70	83	80	29.38	29.40	29.42	S W	Fair	67	84	
24	Satur.	69	82	75	29.44	29.45	29.42	S W	Fair	67	82	
25	Sun.	68	80	80	29.35	29.37	29.37	S W	Fair	67	83	
26	Mon.	64	82	77	29.40	29.42	29.37	S	Fair	62	81	
27	Tues.	70	84	80	29.26	29.26	29.23	S W	Fair	68	83	
28	Wed.	70	73	66	29.30	29.36	29.44	N W	Fair	63	72	Great change in the weather.
29	Thur.	48	58	55	29.56	29.54	29.51	N E	Cloudy	46	60	At 9, Friday morn. storm commenced, and continued with violence. High wind at night.
30	Frid.	50	51	50	29.52	29.50	29.46	N E	Storm	50	53	
31	Satur.	51	62	59	29.20	29.41	29.52	N W	Fair	47	65	

The month of August has been a very pleasant one—temperature, excepting the few last days, very uniform. There have been an unusual number of fair days. Range of the barometer, from 29.71 to 28.99. Thermometer has ranged from 46 to 85.

Whole number of deaths in Boston for the week ending Sept. 7, 49. Males, 27—females, 22.

Of consumption, 5—canker in the bowels, 1—disease of the heart, 1—inflammation of the bowels, 3—dropsy on the brain, 2—typhous fever, 2—scarlet fever, 1—cholera infantum, 2—bilious fever, 1—dropsy, 3—bowel complaint, 2—casualty, 1—spasms, 1—suicide, 1—inflammation of the brain, 1—canker, 1—dysentery, 3—infantile, 2—sudden, 1—old age, 3—hooping cough, 1—worm fever, 1—lung fever, 2—apoplexy, 1—fits, 1—drowned, 1—painter's colic, 1—teething, 1.

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.
Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

UNIVERSITY OF THE STATE OF NEW YORK.
COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.
THE course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.
Physiology, by - - - - - - - - JOHN AUGUSTINE SMITH, M.D.
Theory and Practice of Physic, by - - - - - - JOSEPH M. SMITH, M.D.
Materia Medica and Medical Jurisprudence, by - - JOHN B. BECK, M.D.
Chemistry and Botany, by - - - - - - - JOHN TORREY, M.D.
Special and General Anatomy, by - - - - - - ROBERT WATTS, JR., M.D.
Surgery and Surgical and Pathological Anatomy, by - WILLARD PARKER, M.D.
Obstetrics, by - - - - - - - - - - - JAMES R. MANLEY, M.D.
Fee for the whole course, $108. J. AUGUSTINE SMITH, M.D., *President.*
New York, July 24, 1839. NICOLL H. DERING, M.D., *Registrar.*
Jy 31—eoptO15

GENEVA MEDICAL COLLEGE.
THE Medical Lectures will commence on the 1st Tuesday of October, and continue sixteen weeks.
Institutes and Practice of Medicine, by - - - T. SPENCER, M.D., Geneva.
Obstetrics and Materia Medica, by - - - - C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by - - - - - - - JAMES WEBSTER, M.D., Rochester.
Surgery, by - - - - - - - - - - D. L. RODGERS, M.D., Geneva.
Chemistry, by - - - - - - - - - - - WILLIAM USHER, M.D.
Medical Jurisprudence, by the Professors of Chemistry and Anatomy.
THOMAS SPENCER, M.D., *Registrar.* C. B. COVENTRY, M.D., *Dean.*
Geneva, July 16, 1839. Jy 31—tO

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

The regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. **Jacob Green**, M.D., Professor of Chemistry.
2. **Samuel McClellan**, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. **Granville S. Pattison**, M.D., Professor of Anatomy.
4. **John Revere**, M.D., Professor of the Principles and Practice of Physic.
5. **Robley Dunglison**, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. **Robert M. Huston**, M.D., Professor of Materia Medica and Pharmacy.
7. **Joseph Pancoast**, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, $15. Graduation fee, $30.

Aug 7—tN1 JOHN REVERE, M.D., *Dean of the Faculty.*

COLUMBIAN COLLEGE, D. C.—MEDICAL DEPARTMENT.

The Lectures in this Institution will commence on the first Monday in November, and continue until the first of March. During the session full courses will be given in the various branches of medicine, by

Thomas Sewall, M.D., Professor of the Principles of Pathology and the Practice of Medicine.
Thomas P. Jones, M.D., Professor of Chemistry and Pharmacy.
Harvey Lindsly, M.D., Professor of Obstetrics and the Diseases of Women and Children.
Thomas Miller, M.D., Professor of the Principles and Practice of Surgery.
John M. Thomas, M.D., Professor of Materia Medica and Therapeutics.
John Frederick May, M.D., Professor of Anatomy and Physiology (late Professor of Surgery in the University of Maryland).

J. F. MAY, M.D., Dean of the Faculty.

Washington City, Aug. 4th, 1839. Aug 14—3t

ALBANY MEDICAL COLLEGE.

This Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

Alden March, M.D., President of the Faculty, and Professor of Surgery.
Ebenezer Emmons, M.D., Professor of Chemistry and Natural History.
David M. Reese, M.D., Professor of the Theory and Practice of Medicine.
James H. Armsby, M.D., Professor of Anatomy.
David M. McLachlan, M.D., Professor of Materia Medica and Therapeutics.
Gunning S. Bedford, M.D., Professor of Obstetrics.
Thomas Hun, M.D., Professor of the Institutes of Medicine.
Amos Dean, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is $70. Matriculation fee, $5. Graduation fee, $20. Price of boarding, from $2 50 to $3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty. JAMES H. ARMSBY, *Registrar.*

Albany, July, 1839. Jy 17—tO

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839. 2am6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, September 18, 1839. No. 6.

ON THE DEVELOPMENT AND STRUCTURE OF THE TEETH.

Investigations respecting the structure and development of the teeth have been carried on during the last few years, by some of the most celebrated anatomists now living; and it is with much satisfaction that we are enabled to place before our readers the highly interesting and valuable results at which they have arrived. In the present article we propose to examine, firstly, the structure, and secondly the development, of the teeth.

I. The Structure of the Teeth.—In a paper published in the Philosophical Transactions for the year 1678, Leeuwenhoeck announced that, having extracted one of his own teeth, he examined it with lenses, and that he and others "plainly saw that the whole tooth was made up of very small, straight, transparent pipes;" of these pipes Leeuwenhoeck gave two figures, and he spoke of their existence in the teeth of the cow and of the haddock. In the year 1687, the same author wrote a continuation of the above researches, in which he further explained the nature of these "pipes," as existing in man and various animals; and he described a molar tooth of the human subject, which was the object of very careful investigation, to contain 4,822,500 pipes or tubes. This discovery of Leeuwenhoeck remained unnoticed during many years. Writers upon the structure of the teeth who succeeded him, and they have been numerous, contented themselves with describing the appearances observed upon examination by means of the naked eye. Purkinje and Retzius, unknown to each other, conducted researches upon the structure of the teeth, with the assistance of the microscope.

In the year 1835, the former, through his pupil Fränkel, announced the discovery of the tubular structure of ivory. Nearly at the same time, Retzius, in a series of letters to the Royal Society of Stockholm, published the details of his researches. Müller, in his Archives for 1835, analyzed the above researches, and made important additions to them. Mr. Owen has conducted his extensive survey of the same subject into the field of comparative anatomy and geology. Mr. Tomes, another of our countrymen, has also written an original and very interesting paper upon this subject. It is at once a proof of the accuracy of the above observers, and of the perfection which the microscope has attained, that although the use of the highest compound lenses has been found requisite, in order to reveal the more minute structures, all the observers, whose names we have mentioned, agree in every point. We hope that the knowledge of this fact will prove a satisfactory answer to those who refuse to use the microscope, and to listen to the results derived from its use, "because it is liable to so many fallacies."

After the perusal of Brewster's paper "On the Structure of the Crystalline Lens," published in the Philosophical Transactions for the year 1833, which proved that the peculiar mother-of-pearl color of that structure depends upon its fibres; it occurred to Retzius, that the same peculiar color possessed by dental bones might also depend upon the entering into its composition of minute fibres. These minute fibres Retzius readily discovered; and he afterwards proceeded to conduct researches into the structure of the teeth generally.

1. *The Ivory or Bone of the Tooth.*—Retzius states that "having made a fine section of a tooth that has been placed in diluted muriatic acid, and having examined it by means of transmitted light, with a lens magnifying as low as 60 diameters, it will be quite apparent to the observer that it is composed of undulating fibres, in apposition internally with the *cavitas pulpæ*, and externally with the surface of the tooth." If an oblique section be afterwards made, and a magnifying power of 200 diameters be employed, these fibres will appear to be hollow. Retzius found that the above fibres or tubes gave off branches, and that the main trunks opened into the cavitas pulpæ. Although these branches are principally evident towards the external surface of the tooth, the canals at their origin may be distinctly seen to present dichotomous divisions.

Retzius details the appearances revealed by the microscope in the teeth of man and the lower animals. In man, "the tubes which are contiguous appear to run parallel; upon examining a number, they are found to radiate from the central cavity towards the circumference." These tubes have, more or less, three curves, resembling the Greek letter ξ. These curves vary in different teeth, approaching sometimes in form to the Roman letter S. In well-formed teeth, the curves on each side present a certain symmetry. Independent of these general curves of the entire tube, under a higher magnifying power are observed "numerous shorter curvatures, nearly 200 of which may be counted in the space of a line;" these produce the appearance in each tube of an undulating line. Professor Owen has remarked partial dilatations in the tubes of the human teeth, an appearance which has not unfrequently been noticed by ourselves.

Leeuwenhoeck endeavored to ascertain how it was possible that tubes, which appear to run parallel to each other, should fill such a different space on the surface of the tooth, and at the internal cavity. He sought in vain for a trace of branches from them. Purkinje discovered, however, that these tubes do give off branches. Retzius says of them, "from their commencement in the cavitas pulpæ, the tubes appear to be of the same diameter for five sixths of their course;" and this diameter, after repeated admeasurements, he states to be $\frac{1}{385}$ of a line. After running five sixths of their course, they are found to diminish considerably in size, until they disappear or terminate in small, irregular, rounded, and scattered cells. The branches of these tubes are more easily observable in milk teeth. In the permanent teeth, the branches are formed principally towards the extremities of the tubes; in the milk teeth they arise nearly equally from all parts. The branches arising from different tubes do not communicate with each other, except perhaps at their extremities.

Are these fibres tubular? Retzius states that the cavitas pulpæ, viewed under a sufficiently high magnifying power, presents numerous orifices which he considers to be the mouths of the main tubes. He also states that, by making sections of the tubes at right angles with their course, the calibre of these tubes may be determined with facility; and that, upon placing a section made in the above manner upon a dark ground, white spots distinctly denote the tubular orifices. Purkinje and Fränkel convinced themselves of the tubular nature of these fibres, from finding, on making various sections of the tooth, that they were always able to demonstrate the parietes and cavity of the cut tube. Müller states that he has seen these fibres or tubes in the horse, injected with red coloring matter. Mr. Tomes has made some conclusive experiments upon this subject. After having reduced a transverse section of a giraffe's tooth, so as to render the tubes visible by the aid of transmitted light, he added to it, while under the microscope, diluted muriatic acid. "Chemical action immediately commenced, gas was disengaged and proceeded from the cut extremities of the tubes." He states that, more than once, he saw "the bubbles of gas in the tubes, and traced them to their extremities from which they escaped."

The Parietes of the Tubes. Müller has made some researches upon this subject, which are of much interest. He states that the diameter of the tubes is only one fifth or one sixth of the spaces between them; the structure in the intervening spaces necessarily forming the greater part of the bulk of the tooth. He says that, upon breaking fine sections of teeth perpendicular to their fibres, he has frequently seen the latter "extend from the margin beyond the tooth-substance, seeming to be perfectly straight and inflexible;" but the earth being removed from slices of teeth, by means of acids, and the latter being torn in a direction contrary to the course of the fibres, "these fibres appear, upon the torn margin, quite flexible and transparent, and they not unfrequently project considerably beyond the margin of the section." Müller thinks that it may be inferred, from the above experiment, that the tubes have an animal basis or membrane, which in the firm tooth is fragile, and probably penetrated by calcareous salts. Upon this subject Retzius says that, under a certain light, "the mouths of the canals appear bounded by a definite shadow;" and their walls, when the light falls upon them, have a different appearance from the surrounding matter, which Fränkel calls the fundamental substance of the tooth. Frequently the circular orifices have a darker and somewhat yellowish appearance. "We may conclude," says Retzius, "from all this, that the above-described tubes are not merely hollowed out of the fundamental dental substance, but that they are tubes properly so called, consisting of a particular substance, differing from that of the tooth."

The Contents of the Tubes.—Müller was the first who made investigations upon this branch of the subject. He considers the tubes to be filled with organic deposits of calcareous salts, which are soluble in acids. According to him the white color of the tooth is dependent upon these contents, the intervening substance being more or less transparent. He says, "The white color of the tooth disappears upon the application of acids; and teeth thus treated do not regain their color when dried." Observers agree that even if the enamel only be carious, or rather the ivory immediately internal to the enamel, then the tubes passing towards the cavitas pulpæ lose their white color. Müller states that he has seen in carious teeth, independently of the transparent appearance above alluded to, a brittle substance contained in different parts of the tubes; he has, however, also observed the latter in perfectly healthy teeth, and he also speaks of the existence of opaque spots in the course of the tubes. According to Retzius, the contents of the canals consist of an inorganic or earthy substance, which appears white when seen on a dark ground. It appears to consist of "small masses, formed of infinitely delicate particles." The greater or less number and the degree of visibility of these particles appear to depend upon the extent to which the preparation has been penetrated by water, oil, or turpentine. Mr. Tomes agrees with Retzius as to the contents of these tubes. In mammalia he states them to consist of an amorphous mass, the composition of which is the phosphate and carbonate of lime. He concludes that the latter enters into the formation of the above mass, from the results of the experiments which we have before noticed, where he placed a thin section of the tooth of the giraffe in muriatic acid, and observed under the microscope the evolution of gas from the interior of the tubes. Mr. T. states that these tubes in the cartilaginous and osseous fish contain much less of the earthy matter than do those of animals higher in the scale.

The Use of the Tubes.—Retzius believes that the tubes of teeth, as well as the canals of bone (canals of Havers), are for the circulation of nutritious fluids, which he imagines to be secreted by the capillaries which clothe the surface of the pulp. We quote from Retzius the following interesting observations upon this subject.

"We have many examples," he says, "that Nature organizes structures which have a close affinity to each other, according to one and the same plan, and hence we have, in different parts, organized formations, which in some are of the greatest importance, whilst in others they are of much less functional significance, or of none whatever. When we assume, what is highly probable, that in bone the peculiar vessels in question give passage to fluids during the entire life of the animal, which fluids contain the solid as well as the liquid materials of the osseous substance, it does not necessarily follow that the same process must be carried on in the teeth during the whole of life; on the contrary, I am inclined to believe that the vessels of dental bone exercise their most perfect action during the first period only of the formation of the tooth. At the same time, the existence of the continual vital process in the tooth, as well as in the crystalline lens, cannot be doubted, which appears, however, to be carried on without any constant exchange of solid matter, and must hence consist in a renovating circulation of fluids."

Mr. Tomes "conceives that the tubes, containing as they do an amorphous substance, could, by capillary absorption, carry on a kind of slow circulation of the more fluid parts of the blood." Professor Owen accounts for the good effects produced by stopping decayed teeth, by "the calcareous salts in such cases pouring out from the extremities of the tubes divided in the operation; then a thin dense layer intervenes between the exposed surface of the ivory and the stopping."

Of the Intertubular Substance.—Independently of the salts of lime contained in the cavity of the tubes, and of those which, with the animal basis, form the walls of these tubes, Müller considers that salts of lime also enter into the composition of the intervening substance; and, as we have seen above, that the tubes themselves are only of a size equal to one fifth or one sixth of the space between them, the greater portion of calcareous salts which enter into the composition of the tooth must be contained in the intertubular spaces. Müller considers the lime to be either chemically combined with the cartilage of the tooth, or to be deposited in it in an insoluble manner. The lime-earth of the intertubular spaces may be demonstrated by carefully boiling slices of teeth in potash during many hours. The cartilage is dissolved, and the intervening substance becomes opaque and white. According to Müller, the lime thus obtained appears in the form of dense grains. Between the tubes are observed also the *corpuscles or osseous cells of the tooth,* called by Professor Owen the *calcigerous cells.* Some of the smaller tubes terminate in these cells. Valentin believes them to be analogous to the corpuscles of bone. Retzius states "that they, as well as the tubes, contain earthy salts." This he proves by causing their white color to disappear, by placing the preparation in diluted muriatic acid.

The Terminations of the Tubes, according to most observers, take place—first, by entering the corpuscle or cell; secondly, by forming plexuses with one another; thirdly, by being lost in the intertubular substance, either in the interior of the ivory or at its surface of attachment to the enamel and crusta petrosa; fourthly, by communicating with the cells of the crusta petrosa.

2. *The Enamel of the Tooth.*—This is also called the vitreous and adamantine substance. Berzelius states that enamel *does not contain any animal matter.* He considers that the delicate tissue which remains after its earthy matter has been dissolved in acid, is the residue of a membrane which formed the internal lining to it. He says that "enamel is not at all blackened on the outside, and but very slightly on the inside, by being burned; and that it does not lose more than two per cent. of its weight from combustion." Retzius, with Berzelius, agrees in the existence of a membrane which lines the enamel internally, and which is a band of connection between it and the external surface of

the ivory. Retzius believes that the inorganic fibres of enamel are surrounded by a capsule of organic matter; a view which we shall see is adopted by Purkinje and Raschkow. The researches of Mr. Nasmyth* show the existence of a layer of substance external to the enamel, and intimately connected with it. This layer Mr. N. has demonstrated in the tooth of the human subject, in the calf, and in many other animals; and he considers its presence to be almost universal. It is shown by the immersion of the tooth in diluted muriatic acid during a very short space of time, when it can be removed in the form of a membrane. It is continuous with the layer called the *crusta petrosa* on the surface of the fang, to which it seems to bear the greatest analogy, and, like the latter, contains the characteristic cells or corpuscles. The existence of this layer on the surface of the enamel, as pointed out by Mr. Nasmyth, we have since demonstrated, by exposing teeth to a rather high temperature, when a *very thin layer of black substance is recognized on their external surface:* it is more easily perceived, and it is thicker, in young than in old teeth. Retzius agrees with Purkinje and Raschkow, in believing that the enamel, previous to the eruption of the tooth, consists of delicate prisms; each prism, upon its solution in muriatic acid, leaves behind a small portion of organic matter. As the latter is not found at a later period, Retzius supposes that it is supplanted by the deposition of earthy matter, so as to remain in a quantity so small as to be incapable of demonstration. The enamel fibres are described by Retzius to be $\frac{1}{461}$ of a line in diameter, the surface of which is marked with transverse striæ, which Retzius believes to be produced by the above-mentioned organic sheath. The fibres of the enamel internally rest upon a delicate membrane interposed between the latter substance and the ivory. Externally, these fibres present a hexagonal form, which is seen by the aid of a lens, magnifying 300 diameters. Where the tooth has not been worn away, the extremities of these fibres are rounded. The enamel fibres are supported upon the ivory in different directions. Towards the apex of the tooth the direction is vertical, and the lowest fibres are transverse. In the lateral part of the tooth there are fibres which are interposed between other fibres, and which themselves do not reach the surface of the ivory. Where the enamel joins the dental bone, it contains at different parts a number of delicate crevices, which appear to have their origins in the separation of the fibres, and produce a dentated appearance, similar to that of the crystalline lens. Retzius states that this appearance is rendered more evident by the immersion of the enamel in a solution of caustic potash, a circumstance which strengthens his belief in the existence of an organic sheath to the enamel fibres. Independently of the transverse striæ on the surface of each enamel fibre, the enamel presents a lamellated appearance, analogous to that of a calculus; this is also evident in ivory generally, but more particularly in that of the elephant's tusk. The fibres of the enamel, like those of the ivory, are more or less tortuous in their course.

3. *The Crusta Petrosa.*—It is universally known that ivory and

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* In a paper read at the Medico-Chirurgical Society.

enamel form the principal part of all simple teeth; and previously to the recent investigations in odontology, it was supposed that no other substance was present in the latter. Retzius and Purkinje have, however, proved that a third substance enters into the formation of almost *all teeth*. This substance is the *crusta petrosa* or *cortical substance*. Frederick Cuvier spoke of this structure as existing in the cachalot. It is found on the external surface of the fangs of the teeth of the mammalia. It consists of cartilage and of osseous earth. According to Retzius, "this cartilage may be removed from the fang of the tooth in the form of a membrane, its earthy salts having been previously dissolved in acid; its consistence is less than that of the cartilage of ivory. In the human tooth, it is an extremely thin stratum which takes its origin at the neck of the tooth where the enamel terminates; it gradually increases in thickness towards the extremity of the root, where it is generally the thickest. It is thinner in young than in old persons. In proportion as the cavitas pulpæ diminishes, this substance is developed until it sometimes becomes thicker than the dental bone itself." The exostoses, so frequently met with on the fangs of the teeth, are of a composition similar to this structure. It is imperfectly formed in the deciduous teeth. Examined by means of the microscope, it presents tubes and osseous cells, bearing the greatest analogy to those of bone and ivory. Professors Retzius and Owen have seen direct communications between the fine branches of the ivory and the tubes and cells of this substance. Mr. Nasmyth states that it always exists on the surface of the enamel; and Purkinje and Fränkel "once traced it a short way upon the surface of the enamel of the tooth of an old man." The two latter observers state that the crusta petrosa has a lamellated structure; they have found it lining the cavitas pulpæ, and have given it the name of *substantia ostoidea*. Retzius thinks that after the obliteration of the cavitas pulpæ, the crusta petrosa is the medium through which nutrient fluids are conveyed to the tooth.

The Cementum.—The structure of which we have just spoken is generally considered to exist upon the root or fang of the tooth only, and to terminate at the point where the enamel is secreted, viz., at the neck of the tooth. As has been stated above, Purkinje and Fränkel, however, once saw this substance covering a small part of the enamel of the tooth of an old man, and Mr. Nasmyth describes it as existing upon the surface of the enamel in most quadrupeds; and he has exhibited specimens and drawings of this disposition in the simple and compound teeth of the human subject, and in the simple tooth of the calf, &c. The cement is a deposition on the surface of the enamel, found in the compound teeth of the herbivorous animals; it has been described by Hunter, Blake, and many other anatomists. Cuvier, in his "Ossemens Fossiles," has given a very minute and interesting account of its development and structure in the grinder of the elephant. It is formed by the capsule, as appears to be the crusta petrosa; it possesses corpuscles and tubes, as does the crusta petrosa; in short, it appears to us that the cementum is simply the crusta petrosa existing on the surface of the enamel; not only, as has been hitherto supposed, in the compound teeth of herbivorous animals, but according to the views of Mr. Nasmyth, in the simple and compound teeth of mammiferous animals. Müller most strangely describes the structure under consideration "as a deposit from the salts of the saliva, and to be essentially the same as what is called tartar in the human subject."

We have given above a condensed account of the views of all recent investigators into the structure of the teeth. We regret that we are prevented by want of space from entering upon the field of comparative anatomy, a field in which Professors Retzius and Owen have pointed out many most interesting and valuable facts.

(To be continued.)

LETTERS FROM THE WEST.—NO. V.

DR. DRAKE AND DR. GROSS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I promised you, in my last, a sketch of Drs. Drake and Gross.

Dr. Drake, I presume, must stand, by common consent, at the head of the profession in Cincinnati, and of the faculty of which he is a member; notwithstanding, in some respects, each one of his colleagues may justly claim a superiority over him. He is the oldest resident physician of the city. He is a native of New Jersey, from which State he moved with his parents at an early age, and settled in Kentucky. About thirty-five years since he came to this place, when there were but few houses in all the extent of ground which is now the site of a city containing fifty thousand souls. He commenced the study of medicine with a Dr. Goforth, an old gentleman remarkably fond of the old European authors. The first book he placed in the hands of his student was *Van Swieten's Commentaries on Boerhaave*, which was most diligently studied day and night. After remaining in the city, in the capacity of student, for several years, the doctor mounted a horse and rode the entire distance to Philadelphia to attend the lectures. There he enjoyed the benefit of instruction from Rush and his able colleagues. After attending one course he practised several years—then returned and graduated. He made a permanent residence in Cincinnati, and in the course of eight or ten years his career as a public medical instructer took its beginning. First, he was a professor in Transylvania; next, president of and professor in the Medical College of Ohio, from which he was most ludicrously expelled; third, professor again in the Lexington school; fourth, professor a second time in the Medical College of Ohio; fifth, professor in the Jefferson Medical College of Philadelphia; and now he holds the station of professor of theory and practice in the medical department of Cincinnati College. I might occupy great space in your Journal even with a brief detail of the history of this eminent man; but I will confine myself within the limits of a moderate letter, and present to you a few prominent features in his character as a practitioner, a professor, an author, and a private individual.

As a practitioner, I believe he does not stand so high in the city as he does abroad. The reason of this appears very plain. His engagements are such that he restricts his practice to an almost limited number of families, and is scarcely ever called out of his limits except to a very difficult case, in which the skill of other physicians seems to be exhausted. He then steps in, and, as might reasonably be supposed, helps the patient to his grave, or (as I have frequently heard it expressed) "orders a coffin." His foreign practice is perhaps only second in the West to that of Dr. Dudley, of Lexington, and in this he has always been remarkably successful. His mode of practice is quite complicated and often experimental. He is fond of anything new in the materia medica; hence a common complaint against him among the community is, "he tries too many experiments." He is equally fond of new authors who sustain a high character, and examines with avidity every new theory in medicine upon which he can lay his eyes.

He is not an expert operator. For a number of years past he has devoted his attention to diseases of the eye, and has performed a number of operations upon that organ. Except, then, as an oculist, he cannot be considered a good practical surgeon. I have heard him say that, as long as he had resided in Cincinnati, he had not performed a single amputation; and I believe he is disposed to acknowledge that he would make rather an "awkward fist" with the knife.

As a professor, Dr. Drake, in my estimation, is not second to any man in the United States. I have always associated him with Rush, and surely the father of American medicine could not have contended more zealously for principles in medicine than does the subject of these remarks. His lectures upon the theory and practice of medicine have only to be heard to be appreciated. Such is their plainness, that, unless a student's brain is made up of buttermilk or bonny clabber, they must be understood. His style of lecturing is easy and pleasant; and for the purpose of riveting more closely the attention of all within his hearing, he will often stop, and, under pretext of ignorance, ask of some one present information respecting some anatomical fact. His lectures are not unfrequently spiced with wit and humor.

As an author, the doctor has not yet made the appearance which has long been expected by his numerous friends. For ten years he was the editor of the Western Journal of the Medical and Physical Sciences, and now is one of its editors, if, indeed, the periodical has an existence. It has been suspended for nearly a year, but will probably be revived in a short time. He has published a small work upon medical education, and one entitled "Picture of Cincinnati;" the latter embracing an account of the topography, climate, botany, and diseases of the greater portion of the Miami Valley. He has now a work upon pathology ready for the press, and another upon diseases of the West, &c., which will likely appear before long. His pen, however, is not exclusively devoted to his profession. He has appeared several times in public as a literary writer.

As a private individual, Dr. Drake is exceedingly agreeable. His sociability is not excelled by any of his professional brethren in the city, and, in truth, you rarely meet with an individual in the social circle who combines as many excellent qualities as the doctor. He is fond of rational amusements; and it is truly amusing to see him (a man of nearly sixty) engage in the pastimes of the young. He is expert at battledoor or the hoop, and at a cotillion party he can lead out a young lady on the floor with the ease and elegance of a French dancing master. In his conversation he is generally animated, and oftentimes witty. He is dignified in his deportment, without being morose. He is warmly devoted to his friends, and as warmly inveterate to his avowed enemies. He is polite to his private pupils, and treats them with great respect, without being too familiar. He is a man of common stature—has an active, straight-forward walk—and when hurried, runs along with the agility of a boy of fifteen. His countenance is open, and usually brightened by a smile. His head is covered with a thick coat of dark hair, notwithstanding his advanced age. His forehead is far from being a good phrenological one, being shorter, perhaps, than your little finger, and receding.

The next gentleman of whom I wish to speak, is Professor Gross. I think I cannot be doing injustice to any other member of the American profession, nor would I award any undue merit to Dr. Gross, by declaring him the Bichat of America. I have been acquainted with him for five years past, and have always regarded him as a man of talent, education, indefatigable industry and extensive reading. He graduated at the Jefferson Medical College about ten years since, and resided in Pennsylvania until 1832, when he removed to Cincinnati and accepted the office of demonstrator of anatomy in the Medical College of Ohio. Shortly after his graduation he translated a work upon general anatomy by Bayle and Hollard—a small work upon obstetrics, and wrote a book upon the bones. When the new school was organized in this place, he was appointed professor of general and pathological anatomy, physiology and medical jurisprudence, in which capacity he is still officiating. His cabinet of morbid specimens is not excelled by any west of the mountains, and his devotion to pathological anatomy is certainly not equalled in the Mississippi Valley. He has now in press in your city a very large work upon his favorite department, which will be ready for the schools by the fall. He may be considered a young man. I suppose his age is about 35. I must now close. Next week I shall visit Louisville.

Yours, truly,

Cincinnati, Aug. 7, 1839. W. J. B.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 18, 1839.

AMPUTATION AT THE SHOULDER-JOINT.

On Monday, the 2d inst., Dr. Walker, of Charlestown, amputated at the shoulder-joint on a lad at Lynn, under the following very peculiar circumstances. On the 19th of August, A. E. Blood, aged 13 years, was kicked on the shoulder by a horse, while his hand was on his head. The axilla filled immediately. A physician was sent for, who finding the parts much swollen, but no evidence of anything but a contusion, prescribed the remedies usual in such cases. Eight days from the accident there was a protrusion in the axilla, like a pullet's egg. of a bluish color. By the advice of Professor G——, of N. Y. University, on the fourteenth day, an incision was made through the integuments just over the inferior edge of the pectoralis major. No bleeding or matter flowed from the incision; there was a little bloody serum. The operator not caring to look deeper for *matter*, merely dressed the wound lightly. The next day arterial hemorrhage occurred from the wound. This was arrested by a compress and bandage, but not so but that it followed again the next day and the day after. It was at this juncture that Dr. Walker was sent for. He found the lad pallid from loss of blood, having lost, as was estimated by the physician, full two quarts. The parts about the shoulder were very much swollen; there was no pulsation at the wrist or in the axilla. On examination, pulsation was perceived in the tumor. The arm was of nearly natural color and temperature, with some appearance of commencing œdema.

Dr. Walker stated to the friends the nature of the case, for the cure of which he recommended one of two operations; either the tying of the subclavian, or amputation at the shoulder-joint. He stated the difficulties and dangers of both operations—the comparative safety of the latter, and the inevitably fatal result of the former, if, in cutting down for the artery, he should cut into the aneurismal cavity, and should be unable to find readily and secure the mouth of the bleeding artery. On a view of all the circumstances of the case, the friends desired Dr. Walker to amputate, which he proceeded to do, the subclavian being compressed, as it passes out of the chest, by an assistant. The arteries were secured by ligature, as they were cut, to prevent further loss of blood. On removing the coagula, about sixteen ounces, after the amputation, and looking for the mouth of the artery from which the bleeding came, the subclavian was found completely severed transversely as it passes under the clavicle, the separated ends of which were an inch and a half apart—so that had an attempt been made to tie the subclavian, the lad could hardly have escaped with his life. In what way was the wound of the artery produced? There was no external wound, and the artery was cut short off as clean as though it had been done with a knife. The lad is now, Sept. 9th, doing well.

Suspension of the Medical Department of the Cincinnati College.—The following documents will at least give our readers an insight into the causes of the dissolution of the new medical school in Cincinnati. We are obliged to condense as much as possible, and regret that we cannot give the letter from Dr. Drake to the Committee, which enters fully into the history of the school, with the many difficulties it has had to encounter. This, however, is the less called for in our pages, on account of the information recently furnished by our respected western correspondent.

At a meeting of the Board of Trustees of the College, on the 20th ult. a committee of conference reported, that

Whereas, the Dean of the Medical Faculty has officially announced to the Board, the actual retirement of Dr. Parker from the chair of surgery;

and that there is not now a majority of said Faculty in Cincinnati to agree upon the nomination of a successor; and *whereas*, the Board consider it essential that any official action on their part, shall be preceded by the recommendation of some specific measure, from at least such members of the Faculty as are at present accessible; and *whereas*, such recommendation appears to be precluded for the time being, by the non-agreement of the resident professors, in their several views of the case; therefore,

Resolved, That the Board of Trustees of the Cincinnati College deem it inexpedient to take any active measures in relation to the Medical Department of said institution, until a majority of the Medical Faculty shall distinctly recommend to the Board some specific course of action, adapted, in their opinion, to the existing emergency.

At another meeting on the 24th, after the consideration of several communications received through the committee of conference from the resident members of the Medical Faculty—some of them proposing, as a preliminary to re-organization, that all the medical professorships be declared vacant—it was, on motion,

Resolved, That all the professorships in the medical section of this College be, and the same are hereby declared vacant.

Resolved, That a committee of three be appointed to confer with the ex-members of the late Medical Faculty, and report to this Board, at the next meeting, the opinion of said faculty as to the practicability of re-organizing the medical department of the institution; together with such *projects* as may be submitted to them by said faculty, for re-filling the existing vacancies in said department.

At the next meeting, on the 27th, the committee reported that they had addressed communications to the late professors, Harrison, Drake, Gross and Rives (the other ex-professors being absent from the city), enclosing to them, severally, the resolutions of the Board passed on the 24th inst.—and that the committee had received the replies of those gentlemen.

The committee greatly regret that they have been forced to the conclusion, by the character of the answers received from the late professors, that, for the present, the re-organization of the medical department is wholly impracticable, and therefore recommend that the department be suspended; for which purpose the committee respectfully submit the following resolutions:

1st. *Resolved*, That the Medical Department of the Cincinnati College be, and the same is hereby suspended.

2d. *Resolved*, That the Board of Trustees have acquiesced with regret in the necessity of suspending the Medical Department of the College, and, in taking leave of the several professors, they unanimously concur in the expression of their high sense of the character and qualifications of said professors; as evinced in the acknowledged skill, ability and success with which they have uniformly discharged their official duties in the institution.

3d. *Resolved*, That the said medical professors will be accompanied in their retirement by the best wishes of the Trustees for their future professional success and prosperity.

Annals of American Surgery.—Some time since mention was made of the intention of Dr. J. R. W. Dunbar, of Baltimore, professor of surgery and surgical anatomy in the University of that city, to publish a complete *History of American Surgery.* In order to accomplish an undertaking of such magnitude, embracing a vast geographical field, it is necessary that he should be in possession of everything which has been published in this country, from its earliest settlement, together with all important facts in the private practice of eminent operators, but of whom no permanent record has been made. It is in the power of a multitude of practitioners to transmit something illustrative of men and the practice of surgery in the States before the establishment of medical journals, and it is to be hoped, therefore, that any individual who can cast in a mite, will not neglect to render the assistance which is so urgently solicited. Papers, reports of cases, historical documents, trials for malpractice, decisions of tribunals, statistics of hospitals, &c., may be transmitted immediately to Dr. Dunbar, or sent to the address of the following gentlemen, viz., Dr. Bell, Philadelphia; Dr. A. S. Doane, New York; Professor J. E. Cook, Louisville Medical Institute, Louisville, Ky.; Professor E. Geddings, Charleston, S. C.; Professor Jones, New Orleans; Dr. J. M. Warren, and the editor of this Journal, Boston.

University of Baltimore.—By referring to our advertising page it will be seen that the Medical Department of the University of Baltimore, has made praiseworthy preparations for the coming course of lectures. The Marine and City Hospital presents an admirable field for clinical observation, under the immediate direction of the professors.

Berkshire Medical Institution.—Prosperity attends this thriving school of medicine, and we trust it always will. Although rival institutions have sprung up at all points of the compass in its neighborhood, the faculty have a reputation that ensures success.

Artificial Anus made in the Groin, with success.—An infant three days old did not present any traces of the anal opening. The raphé of the perineum extended without interruption from the scrotum to the point of the coccyx. The abdomen was tender and tympanitic, but there was no vomiting. The infant had taken the breast several times, and had passed its urine without difficulty. An incision of several lines in length was made over the supposed situation of the anus, and carried to the depth of three quarters of an inch or more, but without success. It was decided then to open the cæcum in the right iliac fossa. An incision was made near the anterior iliac spine; a small knuckle of intestine presented itself, which was replaced, and the cæcum was found without difficulty. It was opened, and several ounces of meconium immediately escaped, followed by a remarkable amelioration of the symptoms. The progress towards cure was very rapid; the alvine evacuations continued to be passed by the artificial opening, and on the eighth day after the operation the sutures were removed.—*British and Foreign Quarterly.*

Retention of a Halfpenny in the Œsophagus for thirty-nine Days.—By R. Davey, Surgeon, Walmer, Eng.—On the 20th of May, a boy, of healthy appearance, aged six years, son of a fisherman, accompanied by his mother, presented himself at my surgery for advice. The woman stated that her son had swallowed a halfpenny about three hours before;

that he had continued retching, at times had great difficulty in breathing, and was unable to swallow. Upon examination I found that the piece of money lay about four inches down in the œsophagus. It was impossible to extract the coin, for so great was the irritation, that upon the slightest attempt, even to open the mouth, violent retching commenced. Having ascertained that the piece of money lay across the passage, and that the boy could swallow liquids, I ordered him to be kept quiet, endeavored to allay the irritation and fever, and directed him to take farinaceous food, with saline purgatives, &c.; but it was not until Friday, the 28th of June, that I found I was able to introduce a hooked probang, which then extracted the halfpenny without pain, the piece of money having been in the throat thirty-nine days. The boy is now perfectly well, although much reduced.—*Lancet.*

Medical Duels.—Dr. Baillie was rejected at the College, He called the next day on Dr. Barrowby, who was one of the censors, and insisted upon his fighting him. Barrowby, who was a little puny man, declined it. "I am only third censor," said he, "in point of age—you must first call out your own countryman, Sir Hans Sloane, our president, and when you have fought him and two senior censors, then I shall be ready to meet you." Many medical duels have been prevented by the difficulty of arranging the "*methodus pugnandi.*" In the instance of Dr. Brocklesby, the number of paces could not be agreed upon; and in the affair between Akenside and Ballow, one had determined never to fight in the morning, and the other that he would never fight in the afternoon.—John Wilkes, who did not stand upon ceremony in these little affairs, when asked by Lord Talbot "How many times they were to fire?" replied, "Just as many as your lordship pleases; I have brought *a bag of bullets and a flask of gunpowder with me.*"—*Physic and Physicians.*

Medical Miscellany.—The Mobile Journal of the 3d inst. contains the following unpleasant announcement: "We regret being compelled to state that the health of our city is worse, and that the number of deaths has greatly increased within the last two days past."—At New Orleans, from the 9th to the 29th ult. the number of interments was 256, of which 179 were reported cases of yellow fever; 95 of the whole died in the Charity Hospital. During the month of August. the number of interments in the same city was about 700; probably 500 by yellow fever.—Morison's Hygeian pills have been the means of another death in England. At the inquest it appeared that the deceased had taken twenty of the pills the day before he died, and twenty in the morning of the succeeding day. A verdict was rendered accordingly. The coroner informed the agent who sold the pills, that had there been full evidence of his being the vender, with the directions accompanying them, he should consider it the duty of the jury to find a verdict of manslaughter against him.—A case is related in the London Lancet, by Dr. Parkes, the attending physician, in which uterine hemorrhage after delivery was arrested by the action of retching. Presuming that a contraction of the abdominal muscles would act on the uterus and tend to allay the bleeding, the fauces were excited by a feather, causing considerable retching, which had the desired effect.—The British and Foreign Medical Review, in an article on midwifery, written by the editor, speaks very favorably of Dr. Hull's utero-abdominal supporter.—

Dr. Conolly, who has heretofore been associated with Dr. Forbes as editor of the above-named periodical, has recently received the appointment of Resident Physician of the Middlesex Lunatic Asylum, and the Review will therefore hereafter be conducted by Dr. F. alone.—Another attempt will be made this (Monday) evening by the Mayor and Aldermen of Boston, to elect a physician to the city's institutions at South Boston. Dr. Butler, of Worcester, has been chosen by the Common Council.

Married,—In New York, Dr. Alexander F. Suter, U. S. A., to Miss Grace Ann Degin.—In Hartford, Ct., Simeon Palmer, Jr., M.D., of Milton, Mass., to Miss Maria B. Spenser, of H.—In Boston, Joseph Moriarty, M.D., to Miss Elizabeth Lowell, daughter of John Hancock, Esq.

Died,—At New Orleans, of yellow fever, Dr. P. Damour, of Montreal.

Whole number of deaths in Boston for the week ending Sept. 14, 37. Males, 19—females, 18.

Of consumption, 3—marasmus, 2—diarrhœa, 1—worms, 2—typhous fever, 2—infantile, 2—croup, 1—debility, 1—cholera infantum, 5—sudden, 1—scarlet fever, 1—dropsy on the chest, 1—dropsy, 1—inflammation of the bowels, 2—colic, 1—disease of the heart, 1—liver complaint, 1—dysentery, 1—cholera morbus, 1—lung fever, 1—suicide, 1—smallpox, 1—old age, 1—child-bed, 1—stillborn, 2.

WASHINGTON UNIVERSITY OF BALTIMORE.

Medical Department.—Session, 1839—1840.

The regular Lectures in this institution will commence on the last Monday of October, and continue to the 1st of March. The Faculty consists of the following professors, in the order of their appointment.

J. H. Miller, M.D., Professor of Anatomy and Physiology.
Sam'l K. Jennings, M.D., Professor of Materia Medica, Therapeutics, and Legal Medicine.
Wm. W. Handy, M.D., Professor of Obstetrics, and Diseases of Women and Children.
John C. S. Monkur, M.D., Professor of Institutes and Practice of Medicine.
Edward Foreman, M.D., Professor of Chemistry.
John R. W. Dunbar, M.D., Professor of Surgery and Surgical Anatomy.
W. R. Handy, Demonstrator of Anatomy.

The plan of this institution is a new one in this country. The college buildings are so constructed, as to present peculiar advantages to the student, which every intelligent medical man will at once perceive, as this plan unites a Medical College, Marine and City Hospital, Rooms and excellent Board for a large number of resident students, who have the charge of the patients under the direction of the professors. Clinical lectures are delivered during the session, on Medicine and Surgery, by the professors of the respective chairs. Northern students who contemplate emigrating to the middle and southern States, are invited to examine the plan and location of this institution.

Additional information in reference to the plan, terms, &c., and a circular, may be obtained by a letter addressed to
JOHN R. W. DUNBAR,
S 18—tN *Dean of Medical Faculty.*

SITUATION.

A physician, in a pleasant part of the "Connecticut Valley," wishes to dispose of some personal property, &c., and remove. Reference, for name and place, to the publisher of the Journal.
S 18—3t

TO PHYSICIANS.

A physician who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid. S 18—tf

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

Benjamin Silliman, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
Eli Ives, M.D., Professor of the Theory and Practice of Physic.
William Tully, M.D., Professor of Materia Medica and Therapeutics.
Jonathan Knight, M.D., Professor of the Principles and Practice of Surgery.
Timothy P. Beers, M.D., Professor of Obstetrics.
Charles Hooker, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are $12 50 for each course, except that on obstetrics, which is $6. The matriculation fee is $5, and the contingent bill for the course on chemistry, $2 50. The expense of a full course, therefore, is $76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is $15. CHARLES HOOKER, *Secretary.*

Yale College, August 1, 1839. Aug 7—6t

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

John C. Warren, M.D.
Rufus Wyman, M.D.
George C. Shattuck, M.D.
Jacob Bigelow, M.D.
Walter Channing, M.D.
George Hayward, M.D.
John Randall, M.D.
Enoch Hale, M.D.
John Ware, M.D.

At the annual meeting of the Committee, on Wednesday, Aug. 7, 1839, the premium of fifty dollars, or a gold medal of that value, was awarded to the author of a dissertation on "the pathology and treatment of Rheumatism," with the motto "Frustra fatigamus remediis ægros;" and a premium of the same value to the author of a dissertation on Scrofula, with the motto "Kunst macht Kunst." On opening the accompanying sealed packets, **Edward Warren**, M.D., of Boston, was found to be the author of both dissertations.

The following prize questions for the year 1840 are already before the public, viz.:

1st. "The pathology and treatment of Typhus, and Typhoid, Fever."

2d. "The pathology and treatment of Medullary Sarcoma."

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1840.

The following questions are now offered for the year 1841, viz.:

1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?"

2d. "The structure and diseases of the Teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1841.

The author of the best dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. ENOCH HALE, *Secretary.*

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion. A14—4t

Boston, August 7, 1837.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by - - - - - -	John C. Warren, M.D.
Chemistry, by - - - - - - - - - - - - -	John W. Webster, M.D.
Midwifery and Medical Jurisprudence, by - - - - - -	Walter Channing, M.D.
Materia Medica and Clinical Medicine, by - - - - - -	Jacob Bigelow, M.D.
Principles of Surgery and Clinical Surgery, by - - - -	George Hayward, M.D.
Theory and Practice of Physic, by - - - - - - - -	John Ware, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other. WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839. Jy 17—tN

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

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DEAFNESS RELIEVED BY INJECTIONS OF WATER THROUGH THE EUSTACHIAN TUBES.

BY JOHN H. DIX, M.D., BOSTON.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have deferred communicating through your Journal the following cases, until sufficient time should elapse to establish, at least with regard to the earlier ones, the permanence of the relief afforded.

The catheter used is an inflexible one of silver, similar in form and curvature to that recommended by Dr. Kramer, but smaller, the diameter of the bore being less by one half, and the length four inches and three quarters. Through this catheter with a two ounce syringe a jet may be thrown twenty-two feet. About thirty ounces of water is used at a sitting.

The amount of hearing is supposed to be measured by the distance at which the patient hears the ticking of a watch, audible to a sound ear at the distance of fifty inches and a half, or four feet and a quarter; although this is by no means a perfectly satisfactory test, there being sometimes a capacity of hearing at the ordinary distance a uniform repetition of the same sound, without the power of readily distinguishing the varied tones of conversation or music; just as certain differences of shade and color are inappreciable by eyes which in other respects are good.

Some years ago I met with a gentleman, to whom I could not with any effort render my voice audible, and yet he could hear the ticking of a watch two and a half feet distant from the right ear. Recently a person called upon me, deaf as regards useful hearing, and still giving unquestionable proof of hearing my watch at the distance of twelve feet. And I have to-day seen a gentleman, who can converse without difficulty in a quiet apartment, and says that he is deaf only as to distant sounds, who hears my watch not at all with the left ear, and but indistinctly with the right, when pressed against it. This discrepancy is strikingly exhibited by the result of experiments on the ears of ten persons supposed to hear perfectly, in order to ascertain the average hearing distance of my watch. They are as follows: A hears with the right ear 18 inches, with the left 12 inches. B, right ear 7½ feet, left 8 feet. C, right ear 3 feet, left 5½. D, right ear 7 feet, left 7½. E, right ear 3 feet, left 3½. F, right ear 11 inches, left 15 inches. G, right ear 3 feet, left 3½ feet. H, right ear 3½ feet, left 3½. I, right ear 5 feet, left 6 feet. J, right ear 4½ feet, left 5½ feet. In no case, however, has the hearing distance of the watch increased, without either the patient or his friends being sensible of improvement in other respects, though frequently it is much less, and sometimes greater, than might be reasonably expected, and probably no one sound could be taken to indicate the degree of improvement, which would not be liable to the same objections.

1. *June 22d*, 1837.—Miss M. A., of Andover, has been deaf in the left ear, and partially so in the right, for three years past. At this time she cannot hear conversation at all upon the left, and but imperfectly on the right side. The ticking of the watch is inaudible in contact with the left ear. There are heard in the left ear various noises, the most troublesome of which is a roaring as of waters on a beach, sometimes accompanied with shrill sounds, and so loud as to prevent attention to any other circumstances. For the last three weeks it has been unusually loud and frequent, and it is especially with reference to this, as she says, " distracting noise," that she now applies for aid.

On the right side an imperfection of hearing was first observed two years since, but from February last it has been rapidly failing, with the occasional accompaniment of a roaring noise similar to that on the left side. Watch audible upon this ear.

She has been subject to catarrh from early life, and the symptoms are now aggravated when she takes cold. On making a forced expiration, with the mouth and nostrils closed, no air can be forced through the Eustachian tubes. The mucous membrane about the fauces slightly reddened, and the tonsils just visible.

Nov. 9th.—The injection of the Eustachian tube with water was performed at three sittings on the right side, and eight on the left, before any sensation was conveyed to the ears. About once a week two leeches were applied behind the angle of the jaw on the left side. The sittings being persevered in daily, the hearing of the right ear began to improve after the twelfth, and the hearing of the left after the thirtieth sitting, the noises, however, remaining as troublesome as before, except for a day or two after the application of leeches. Two days since, after the thirtieth sitting on that side, water was felt to pass into the internal ear on the right side; and yesterday, after the seventy-first sitting, into the left ear also. The watch is now audible with the left ear one foot, and with the right three feet. The right ear is perfectly free from noise, and in the left a very low murmur remains.

June 8th, 1838.—Miss A. returns, wishing to have the Eustachian tube of the left side again injected, as she cannot force air through it so easily as at the close of the treatment in November, 1837, and the hearing distance of the watch is less by six inches. The noise has not increased. She has had colds occasionally during the winter.

July 20th, 1838.—There have been one, two, and in some cases three sittings daily, for the left side, with gradual improvement of hearing. After the forty-fifth sitting, water passed into the chamber of the tympanum, and since that time there have been sixteen sittings for injection with rose-leaf tea, with the view of correcting the morbid condition of the mucous membranes. The hearing distance with this ear is now two feet. The right ear has maintained the same hearing distance during the year. Miss A. has had altogether one hundred and sixty-six sittings.

I have, in the course of the last month, seen Miss A. Her hearing continues as above, the low murmur in the left ear remaining. She converses with ease, and hears the services at church without difficulty.

II. *Sept.*, 1837.—Miss W., of Andover, had been for many years deaf in both ears, principally the right, in which there was also tinnitus. She could not hear conversation in the ordinary tone when seated near the speaker. Had been subject to catarrhs. Miss W. had thirty sittings. Of this case either no minutes were made, or I have lost them, and cannot, therefore, give the measure of improvement by the watch. That it must have been very considerable is evident from a letter dated May 29th, 1838, from which, for the want of more precise data, I make such extracts as refer to the deafness.

"Sir,—Consistently with your request, I write you, and am highly gratified to say, consistently with truth, that after having suffered the trials consequent to deafness for nine or ten years, I have now the important sense of hearing very much improved, I do not know but I can say with propriety, nearly restored to perfection." "I am not at all troubled to hear common conversation, or public prayers and discourses, unless the speaker's voice be quite low, though I sit far more distant than formerly." "Still, I cannot hear persons who speak quite low, or indistinctly." "Strangers do not discover that I am at all troubled, as they are not obliged to raise their voices above the common pitch." "My friends and acquaintances all agree that my hearing is vastly improved."

A relative of Miss W. informs me, that her hearing remains unimpaired at the present time. Of the tinnitus no mention is made in the letter, and I presume that it also was relieved. Miss W. was directed to gargle the throat, after her return home, with the infusion of red rose leaves.

III. *October* 22*d*, 1838.—Mr. C. F., æt. 18, of Boston, had always been deaf, but at times the deafness has been temporarily increased under the influence of catarrh. From the age of sixteen, attacks of catarrh have been more frequent, and hearing not so fully restored as formerly during the intervals. There has always been in the right ear a shrill singing noise, not varying with the state of the hearing, and occasionally a similar noise affects the left. Mr. F. can now hear my watch with the right ear two and a half inches, and with the left six inches off. Air is with great effort forced into the chamber of the tympanum, and reaches the left ear a few seconds before it does the right. After the passage of air into the internal ear, the watch is heard four inches from the right, and eight inches from the left ear; but in the course of an hour, this improvement disappears. There is a general redness about the velum and tonsils, with here and there a distinct red vessel.

April 3*d*, 1839.—The daily application of a stimulating liniment externally to the throat, with gargles of infusion of red rose leaves and alum, and the use of a dry diet, having been premised for a fornight, with the effect of lessening the congestion of the mucous membranes; injections of the Eustachian tube of the right side were commenced, and continued at very irregular intervals. There have been for the right ear thirty-seven sittings, and for the left four. The injections for the left side are all within the last fortnight, and previous to them a marked improvement had taken place in this ear. Meanwhile the liniment, gargles and dry diet have been, with occasional remissions, adhered to. The watch is heard with the right ear fourteen, and with the left fifteen, inches off. The tinnitus has gradually diminished, is never experienced in the left ear, and in the right is occasionally just perceptible.

Here, contrary to my urgent remonstrances, the father of the patient thought proper to suspend the treatment, telling me, at the same time, that he, as well as his son, were sensible that the deafness had been much relieved during the treatment, independently of any indications derived from the watch. To-day, August 30th, 1839, Mr. F. tells me that during the spring and summer he has several times suffered from catarrh, and that after each attack there has been a diminution of hearing. He has lately made himself a catheter of block tin, and succeeded in injecting the Eustachian tubes himself. The hearing distance of his right ear is now eight, and of the left, eleven inches. (Whether he has obtained with his self-injecting apparatus the relief which his perseverance and ingenuity deserve, I have not yet learned.)

IV. *February 10th*, 1839.—J. L., ship-carpenter, of Boston, æt. 20, has been deaf for as many years as he can remember, whenever affected with catarrh, to which he is subject. Of late years hearing has been much impaired during the intervals of these attacks, and now, having recently had a severe cold, he is with great effort only made to hear conversation. There is in the left ear a roaring as of the surf upon a beach, and in the right a low hissing, as of a teakettle. With the left ear the watch is very faintly heard when pressed against it. With the right it is heard at the distance of two inches. On expiration with the mouth and nostrils closed, air is said to be felt in the chamber of the tympanum of each ear; but on applying the air douche, both Eustachian tubes are found to be impervious. Slight redness and tumefaction about the fauces. Patient is of full, plethoric habit. Three leeches behind the angle of the jaw on each side. Tinct. canth. fort. around the throat. Gargle of rose-leaf tea, and dry diet.

February 16th.—Water has been injected four times on the left side, and the watch is now heard three inches distant.

March 20th.—Since last date the Eustachian tubes of the right and left side have been operated on alternately, making ten sittings for the right and eight for the left ear. The gargle and tincture have been used, but not so assiduously as before. The watch is now heard ten inches from the right, and four from the left ear. The tinnitus of the left side is hardly recognized, and that of the right side somewhat abated. Converses with much greater facility than before. Is obliged to leave town.

V. *February 12th*, 1839.—Miss B., æt. 24, of Charlestown, has been subject, since she was twelve years of age, to inflammations in the meatus externus, which resulted in a temporary otorrhœa, not attended, as she thinks, by deafness. She has also, from her earliest recollection, been subject to catarrh of the nasal passages, every attack of which was followed by deafness. Hearing became gradually imperfect, but not enough so to interfere with common intercourse, until in April of 1838 she had a very severe attack of catarrh, extending to the mucous membrane of the bronchiæ. During this illness she was exceedingly deaf, and much annoyed with a ringing sound in the right ear. Up to the present time, the deafness and tinnitus have been increasing, and she can now hear my watch at the distance of nine inches with the left ear, but cannot hear it at all with the right when placed in contact with it. Having the left ear closed, and standing very near to it, the ringing of the bell on Mr. Walker's meeting house at Charlestown, does not convey to her any sound. Traces of chronic inflammation are seen about the posterior fauces and tonsils. The air douche makes no impression on the Eustachian tube of the right, but is slightly perceptible on the left side.

March 3d.—Injections of water into the Eustachian tube were commenced upon the right side; and after the fourth sitting, the ticking of the watch, when pressed against the ear, was faintly audible. After the sixth sitting it was heard when not in contact with the ear; and to-day, after the fifteenth sitting, it is heard four inches from the ear, these four inches being gained at this sitting, in the course of which a plug of inspissated mucus is ejected from the nostril, about an inch in length and corresponding in shape to the cavity of the Eustachian tube.

March 29th.—Since the last date, Miss B. has had eight sittings, with a further improvement of the hearing distance of the right ear to six inches, until within the last week, having been confined to the house with a severe cold, the hearing distance has diminished to two inches. Emp. cerat. canth. behind angle of jaw.

May 2d.—The Eustachian tube of the right side has been injected, since March 29th, ten times, at the last six sittings rose-leaf tea being substituted for water. On the left side the operation has been performed six times. Hearing distance of right ear eight inches, and of left eighteen inches. Directed, during the summer, to shower the back of the neck daily with cold water. In this case the improvement, as respects conversation, music, &c., was greater than in the preceding ones, or at any rate elicited stronger expressions of gratitude.

VI. *May 23d,* 1839.—Mr. F., æt. 25, of Boston; six years ago having, in the course of a few months, grown very rapidly, and being at the time troubled with dyspepsia, was suddenly, while suffering from a sick headache, attacked with a buzzing noise in the right ear, but without any sensible diminution of hearing. Mr. F. is subject to catarrh, but is not aware that the tinnitus is increased or hearing diminished during its continuance. In the autumn of 1837 Mr. T. called upon me, and was recommended to apply leeches within, and blisters behind the ear occasionally, which he did for five weeks, without any improvement. In the following spring, he walked in one day about forty miles, getting fatigued, heated, and in a free perspiration, immediately after which the noise in the right ear abated one quarter.

Now Mr. F. hears my watch seven and a half inches from the left, and eleven inches from the right ear, in which the buzzing noise continues to be very troublesome. Air passes to the chamber of the tympanum with considerable effort on both sides, but with greater difficulty, and not so speedily, on the right. No marks of recent or chronic inflammation of the mucous membrane of the fauces and velum. Is of rather spare habit.

May 30th.—Has had seven sittings for the water douche, with an improvement in the right ear, upon which alone it has been practised, to twenty-five inches hearing distance. Water now passes freely into the ear, and air with equal facility into both. The tinnitus is not at all diminished.

June 6th.—After an interval of three days from the close of the injections with water, the gas douche of acetous ether, in the manner recommended by Dr. Kramer in erethitic affections of the auditory nerve, was applied daily, for five days, without any relief from the noise, and after some of the sittings with a temporary dullness of hearing.* To-day the hearing distance of the right ear is twenty-five inches.

July 4th.—Since the termination of the treatment, June 6th, the hearing distance has been steadily at twenty-five inches, and the tinnitus has subsided so much that it is scarcely felt, and gives him no annoyance. The obstruction in this case was probably situated not in the Eustachian tube, but in the chamber of the tympanum.

VII. *July 18th*, 1839.—Miss L., of Lynn, æt. 28, has been deaf for ten years in the right ear. The deafness commenced with a very severe cold in the head, gradually increased for seven years, and for three years past has been as at present. Eight years ago hearing began to fail in the left ear, which, as nearly as she can remember, became as deaf as it now is in three years. There has been in both ears, from the commencement of the disease, and increasing with it, very troublesome tinnitus, which she compares to the roaring of waves on the sea-shore, accompanied sometimes with the chirping of crickets, and more rarely the ringing sound of bells. During these ten years, she has been subject, though very seldom, to catarrh, by which the deafness and tinnitus are temporarily increased.

Now my watch is not audible in contact with either ear, and to converse with her at a short distance requires great effort, the right ear being rather less deaf than the left. Making an expiration, with the mouth and nostrils closed, she thinks that she perceives a slight pressure in both ears. With the air douche it is impossible to force air through the Eustachian tubes into the tympanum of either ear. No visible signs of a morbid condition of the mucous membranes.

July 23d.—Has had four sittings for the right side, and is sensible that the water reaches farther than at first. The tinnitus in this ear is diminished. Does not hear my watch, but her friends think that there is some improvement in conversation.

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* A few cases of erethitic nervous deafness, in which I have had recourse to the treatment by this gas, as suggested by Dr. K., have been highly successful; but one of the persons most benefited being absent, I delay reporting them until an opportunity occurs of ascertaining that the improvement is lasting.

July 20th.—Has had two injections daily; in the morning on the right, and in the afternoon on the left side, making ten sittings for the right and six for the left ear. The tinnitus in both ears is not so loud, by one half, as formerly, and is not aggravated by fatigue, as it used to be. My watch is audible upon the right ear, but not upon the left. A louder watch, which she has formerly heard when pressed against the right ear, is now heard an inch from it. Patient and her friends are sensible of an improvement in hearing, and it is not now liable to the temporary diminution which accompanied the increase of the tinnitus from fatigue.

The preceding cases do not, of course, claim to be cures (if by a cure is understood the restoration of an organ to the full exercise of its original functions); nor are they to be considered as giving a fair example of the benefits to be expected from this operation; but only as showing that it is possible, in suitable cases, to effect by it a very desirable improvement of hearing and cessation of tinnitus. These cases are, in fact, selected as the most favorable among sixteen; of the remaining nine of which, three were somewhat benefited, and six not at all improved. In estimating, however, the true value of this mode of treatment, some deduction should be made from the number of incurable cases, for two reasons. First, the exaggerated statements of foreign operators might easily induce one, in the first pursuit of a new mode of treatment, to attempt cures, which, in the light of later experience, would be rejected. Secondly, previous to the re-publication, by Dr. Dunglison, of Kramer's excellent work upon diseases of the ear, I was unprovided with a very important means of diagnosis.

This means of diagnosis is the air douche, effected by an air pump and receiver of the condensed air, which is in many cases indispensable for the accurate investigation of the state of the Eustachian tubes and internal ear. For instance—in two of the above cases, according to the patient's own account of his sensations, the Eustachian tubes must have been open, and yet, upon applying the air douche, no air was heard to rush into the ear; and the result of the treatment in these two cases proves the correctness of the indication derived from it. On the other hand, these passages may be supposed by the patient to be closed, when they are free. An intelligent young man had had twenty-two sittings for the water douche, with relief of tinnitus and slight improvement of hearing; but for the ten last sittings, there had been no amendment in any respect, but, on the contrary, the tinnitus was somewhat increased. Patient was confident that, during these ten sittings, the water had made no progress, and equally confident that it had not reached the internal ear; it seeming to him to be arrested by some obstacle near the entrance of the Eustachian tube into the chamber of the tympanum. A single air douche gave to my ear the full rushing sound, diagnostic of an Eustachian tube and internal ear unobstructed.

But, admitting the value of this instrument as a means of diagnosis, I am not satisfied of its superiority to the water douche in a therapeutical point of view; in other words, of its power to remove obstructions of considerable density from the Eustachian tubes and chamber of the tympanum, and to change the morbid condition of the mucous membrane of these parts. Repeated trials of the air douche, on a large number of persons, have resulted in the permanent benefit of none, and the temporary relief of two. In one of these cases, there was in the course of six sittings for the air douche, a gain in the hearing distance of the right ear, from six inches to three feet; and of the left ear, from eleven inches to two feet; but after a few days, in spite of the repetition and increased force of the douche, the hearing distance gradually receded, so that in a fortnight there remained only a gain of four inches on the left, and three on the right side—an improvement which the patient did not appreciate in other respects, although some of her friends did. In another case, the hearing distance of an ear was raised by three sittings from one inch to three, but could not by any effort be made to advance, and a month afterwards was found to have returned to its original distance; a troublesome tinnitus, which accompanied the deafness, remaining throughout unaltered. At the present time I have under treatment a case, of which the very decided and rapid improvement, if lasting, will induce me to modify my opinion and practice, and to suppose that the previous want of success with this instrument has been owing, either to a remarkable coincidence of immoveable obstructions and undilatable strictures, or to a want of dexterity in the operator.

But, though this and other similar cases should be finally successful, the air pump cannot altogether supersede the water douche; since, to some of the cases above detailed, which yielded to injections of water, the air douche had been several times applied with great force. It seems, indeed, to be a matter of every-day experience, that a jet of water will soften and remove substances, upon which a stream of air, of any practicable degree of condensation, might play forever, without making an impression.

In point of convenience, however, the air is certainly preferable to the water douche; if successful, it is more speedily so; and, as far as my experience goes, it is less likely to occasion any local or constitutional inconvenience. Under the use of the water douche, transient pain in the ear, dizziness and fainting have sometimes been produced; under the use of the air douche, never, and I have applied the latter to a greater number of individuals, though not at so many sittings. When the Eustachian tubes are free, it cannot be necessary, in making the diagnosis, to effect more than a very slight degree of condensation, for by some persons, with a strong, quick effort of expiration, the rush of air into the chamber of the tympanum can be rendered faintly audible to the operator; and in cases of closure, with all the condensation that can be effected, the air gains admission to the tympanum, if at all, only in a very fine stream, the progress and gradual enlargement of which are very distinctly and unequivocally marked to the ear of the operator, and instantly controlable by the stop-cock. The fact that Dr. Kramer, who has had a vast amount of experience, and, what is of more importance, writes with great intelligence and apparent fairness, makes no allusion to anything more serious than a temporary increase of tinnitus and dulness of hearing in cases of erethitic nervous deafness, from the use of the air douche, militates very much with the idea that any danger is to be apprehended from the judicious use of it.

In the cases of supposed fatal result, which appeared in the London Medical Gazette of July 6th, 1839, and were copied into the tenth number of the Medical Library and Intelligencer, of only one of which the details are given, and that in a most meagre and unsatisfactory manner; either some injury was inflicted by an awkward introduction of the catheter, or the air pump used was one of enormous power, or else the medical witnesses in the case were mistaken—an alternative not unprecedented, and certainly not remarkable, considering the very inadequate grounds upon which their testimony is founded.

September 12, 1839.

Dear Sir,—Since the preceding article was sent to you, the No. of the London Lancet for August 3d, has been handed to me by a friend. It contains some remarks upon the supposed case of death from the use of the air pump, so strikingly corroborative of those which I made at the close of my communication, that you would much oblige me by giving an insertion to the following quotation. The writer, in speaking of it, says:

"It is not my intention, on the present occasion, to discuss the cause of this event, my object being merely to state that the operation was not performed in the manner recommended by Kramer, Itard, Deleau, and others, or, I am quite sure, from actual experience, no ill effects could have followed. It would be a pity that an acknowledged improvement in the practice of aural surgery—which, as the British and Foreign Medical Review truly says, is "indispensable for the diagnosis and treatment of the disease of the middle ear, directly, and indirectly, as a means of diagnosis at least, in many kinds of deafness"—should be allowed to fall into disrepute on account of an accident so clearly the result of a want of common precaution, if not of experience.

"It is much to be feared that the operation of catheterism of the Eustachian passages has been attempted by parties totally ignorant of its common principles, and quite incapable of discriminating the proper cases for its employment; and, in proof of this, I may mention the following incident just as related to me by a gentleman at this moment on my list of patients. He had been operated on, by one of these persons, who used an air-press, which he described as being 'as big as his hat;' it had the effect of blowing him out of town, very ill, for a month. On his return he met this *quondam* specific doctor, who accosted him with 'Ah! I have been wishing to see you; we shall be sure to succeed now; I have got a magnificent instrument, five times as big as the last!'

"Since the late accident this person had fallen back on his *specific of acoustic drops*, and now, in his daily advertisements, repudiates catheterism as painful and dangerous.

"Air-presses are now at a discount among quacks. So much the better. Catheterism of the Eustachian tube, as we have seen, may, like everything else, be abused, but when skilfully performed, and with discrimination employed, I have no hesitation in pronouncing it to be one of the greatest improvements in modern surgery, and as safe as bleeding in the basilic vein. 'It is an operation of tact, to be acquired after long experience; but once possessed of that *sine qua non*, it is susprising with what ease and certainty it is effected, and how simple and painless it proves.'" Your obedient servant, J. H. D.

Sept. 18*th*, 1839.

LETTERS FROM THE WEST.—NO. VI.

LOUISVILLE MEDICAL SCHOOL.—DR. CALDWELL.—DR. COOKE, AND HIS TREATISE OF PATHOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Since writing my last letter, I have paid a visit to Louisville, and have acquired some information respecting the new medical school in that city. The project of forming a school there originated, I believe, with Dr. Cross, now of the Transylvania institution. A faculty was almost organized in 1833, and it was contemplated to raise a school which should present many advantages for students over Lexington and Cincinnati. It is very true that Louisville is the best site west of the mountains for a medical institution, and all that is necessary to render the city the focus of medical literature and science for the Mississippi Valley, is good material. It is a great central meeting place for the west and south. At the time when Dr. Cross was making exertions to establish a medical department of Centre College, Dr. Caldwell, then professor in Transylvania, came out in a lengthy pamphlet entitled "Thoughts on the impolicy of multiplying medical schools in Kentucky;" and it was thought by many that this powerful effort of a powerful mind was the means of crushing the project on the spot. How this was, I cannot say; but the school never went into operation. It was *quarrelled* out of being.

Two years ago, upon the dissolution of the medical faculty of Transylvania, Dr. Caldwell (having received a regular expulsion by the Trustees from this body) repaired immediately to Louisville, and set on foot a plan for a rival institution. By the fall of 1837 the faculty was made up, and lectures commenced with a class of eighty students. A furious warfare has been carried on between the two Kentucky schools since the very first medical lecture was delivered to a class of students in Louisville. Last winter the medical class in that city numbered 120. The prospect for success seems very fair. They have erected a splendid edifice for a college, and seem determined to "go ahead." The professors are gentlemen of acknowledged abilities, and have thus far given great satisfaction. I must say a word respecting two of their members, Drs. Caldwell and Cooke.

Dr. Caldwell is unquestionably the champion of the school. To use a common phrase, he is their "big gun." There is no doubt of the doctor's mental abilities. No one can deny that he is a man of great intellect. He can wield a powerful pen upon almost any subject which you will present to him, and I have often thought that he would make a splendid advocate or *special pleader* at the bar.

I cannot think, however, that Dr. Caldwell has a well-balanced mind. His *organs* need very considerable training yet, notwithstanding he is a man of three score years. He is rather fond of musing and speculating upon the splendid and fanciful, both in physics and metaphysics, and rarely thinks of coming down to plain, common-sense, every-day matters. He theorizes too much, and observes too little. He may be able to tell his class of the tissues of the body, their several offices, and what would likely be their various morbid derangements, all in an eloquent and impressive manner; but when it comes to bending over the dead body, dissecting out minutely the delicate structures upon which he has been lecturing, and pointing out accurately every important fact in connection with their healthy and morbid anatomy, he is lost.

The doctor possesses the important qualification of *self-confidence* in a most eminent degree. I have heard an anecdote of him, which may serve to give you a better idea of his character than any description of mine. Some time after his graduation, he met the venerable Rush in Philadelphia, and saluted him. Dr. R. did not at first recognize him, although Dr. C. had been his student. Upon being asked who he was, Dr. C. replied, "Sir, as a friend I am Charles Caldwell, but as an enemy I am Julius Cæsar."

This reminds me of another anecdote. Rush once took him to see a patient. After making some examination, he was asked by his preceptor if he could put nature out of the door and cure the sick man. "No, Sir," replied the student, "but I can put you out of the door very quick, and leave the case to nature."

Dr. Caldwell is quite a large man, majestic in his appearance and polite in his address. He has a very splendid phrenological head, of which he is by no means ashamed. Of the individual character of the doctor, I know little or nothing.

A few words respecting Dr. Cooke. For a number of years he was professor of theory and practice in Transylvania, during which time his work upon pathology and therapeutics made its appearance. The substance of this production may be summed up in a few words. Marsh miasm is the great remote cause of fever and diseases generally. This cause exerts its effect upon the system, first by weakening the action of the heart. This effect becomes a cause of diminished pulse, feeble capillary circulation, and finally accumulation of blood in the vena cava; which phenomenon the doctor thinks must take place, as an essential requisite for most of the diseases we meet with. After this accumulation of blood, or "congestion," in the vena cava, follows deranged function. The secretions become suppressed, particularly the secretion of bile. By acting upon the secretions, and arousing the weakened organs to their accustomed offices, we relieve this great congestion and restore the system to a state of health. This is Dr. Cooke's theory of congestion—his hobby, one which he has been riding for twenty years. His medicine for acting upon the secretions is a pill composed of calomel, rhubarb and aloes, and is popularly known by the name of Cooke's pill. The students of Transylvania call it the vena cava pill. The pupils of that school have almost universally been delighted with this theory, and have always left the city believing that they perfectly understood the mystery of disease, and exulting at the thought that they were going to cure everything with "the pills;" but when the theory came to the test of bed-side practice, they have generally renounced it. "The pills" would do well enough as far as they went, but their patients required something more.

I am not personally acquainted with Dr. Cooke. He was absent from Louisville during my visit.

I shall probably stay in this place several days, and may write to you again before leaving. Yours truly, W. J. B.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 25, 1839.

RED SULPHUR SPRING OF VIRGINIA.

A NEATLY-PRINTED pamphlet of forty pages, entitled "A Visit to the Red Sulphur Spring of Virginia, during the summer of 1837, with observations on the waters, by Henry Huntt, M.D., with an introduction containing notices of routes, &c., by an annual visiter," has been issued from the press of Dutton & Wentworth, Boston.

It is obviously the opinion of Dr. Huntt, who relates his own case, that the red sulphur spring, in Monroe county, is highly beneficial in pulmonary affections. Several cases are related to prove the efficacy of the water, but none of them are sufficiently satisfactory. But there is one part of the publication that meets our entire approbation, which seems to have had its origin in a generous spirit of philanthropy, and therefore claims the respect of the reader;—it is the introduction, by a benevolent citizen, well known for his great commercial enterprise, and his active and untiring benevolence. The writer is the Hon. T. H. Perkins, who closes his observations thus: "As anonymous notices are frequently ascribed to interested motives, I have authorized my name to be given to the public, which I flatter myself will secure this publication from such charge."

Col. Perkins has furnished an interesting mass of statistical facts, in a few words, in relation to the mineral springs of Virginia, which cannot anywhere else be found, and on this account, aside from all other considerations, the pamphlet will be eagerly sought by valetudinarians, as a kind of way-side guide.

It is understood that Professor Rodgers is about giving the scientific world a complete work on the medicinal springs of the United States.

Physician to the South Boston Institutions.—John S. Butler, M.D., of Worcester, Mass., was finally elected, on Monday the 16th inst., to the office of physician to the House of Industry, House of Correction, House of Juvenile Offenders, and the Hospital for the Insane Poor, all located within the same inclosure, at South Boston. Since the organization of the City Government, no election of an officer has been more singularly protracted than this important appointment, owing to a disagreement of the two Boards of the City Council in relation to the candidates. It is understood that a considerable number of gentlemen offered themselves, in June, when the names of candidates were advertised to be received. Dr. J. B. S. Jackson, of Boston, was elected several times by the Mayor and Aldermen; Dr. A. B. Snow, of Boston, several times by the Common Council; and Dr. Butler twice by the Council, the last time receiving the handsome number of twenty-six votes. This was concurred in by the Board of Aldermen, where he received five votes out of nine—the four being for Dr. Jackson again. The salary is $1200 per annum, besides board and all necessary accommodations for the physician's family, which makes it altogether a desirable medical office. Dr. Butler is fully qualified to discharge the duties with honor to himself and satisfaction to the public.

Dr. Lee's Work on Physiology.—It has been suggested to us that the note from Dr. Lee, in a late number of this Journal, would be entirely sufficient to exonerate him from the charge made against him, were it not for a single circumstance. He virtually admits, in that note, that he is acquainted with, and has made use of, the work of Dr. Hayward in compiling his own. Of this, indeed, there is other evidence in a great many passages of his book, and in certain statements of fact which he has introduced, and which were original in that of Dr. H. Of all this there would have been no reason to complain, although the resemblance in arrangement, and often in language, is closer than is common with compilers, had not the author apparently sought to keep from the attention of the public the book he had thus made use of, by employing in his preface the following language. "That such a work was wanted, is evident from the fact that none on the same plan, have, as yet, been published, adapted to youthful minds." Now certainly the work of Dr. Hayward was expressly written for the use of the young, it has been found adapted for their instruction, and in its plan Dr. Lee's very closely resembles it. Of a statement, therefore, like this, there is surely, we think, reason to complain.

Louisville Medical Institute.—In the new circular of this institution, much to the surprise of the profession, doubtless, at the West, is announced the appointment of Daniel Drake, M.D., of Cincinnati, to the chair of Clinical Medicine and Pathological Anatomy. Dr. D. has in times past held an official connection with the Medical College of Ohio, the Miami University, the Cincinnati College, Transylvania University, and the Jefferson Medical College. The intelligence of the overthrow of the medical department of the Cincinnati College, of which Dr. Drake was a prominent member, has scarcely been circulated, before we hear of his transfer to Louisville. It will unquestionably be surmised, by those who profess to be wise in these things, that Dr. Drake knew very well what was about to happen in relation to himself, when he addressed that interesting letter to the chairman, Mr. Morris, which details the reason why he resigned the professorship of theory and practice. Those who are curious to know the history of this gentleman's medical career in the Valley of the Mississippi, are referred to the last number of this Journal, where a correspondent has chronicled the whole story.

Flap Amputations.—Extract of a letter from the North, to the Editor of the Lancet.—"In spite of all that some surgeons have written on the advantages of the flap amputation, it seems that they cannot profit by their own writings. In these wards there are two amputation cases, in both of which the bone protrudes from between the flaps, but of course the flaps are not to blame; 'it is owing to acute necrosis'! Yet why in one case (that of a girl) dissect the integument when it adhered to the bone high up, and try to pull it over the protruding part? If 'acute necrosis' were going on, why make so many unsuccessful attempts to pull away the protruding part? Or, is it from motives of economy that it is left out, to save the patients the expense of artificial limbs? How the stumps in other wards contrast with these stumps—no bones protruding there—no 'acute necrosis' going on there—no necrosis heard at the daily dressings —*alias* torturings!" EDINBURGENSIS.

Development of Hair in the Posterior Chamber of the Eye.—BY DR. THEODORE RUETE, of Gottingen.—This was the case of a man thirty years of age, by trade a tinker. On the cornea, which was in other respects quite natural, there was a slight cicatrice; the anterior chamber natural; the iris appeared unchanged in structure, but its pupillary margin was, to the greatest part of its extent, adherent to the capsule of the lens. The latter was opaque, and appeared to have several fissures in it. But the most remarkable thing was the appearance of four hairs behind the pupil, two longer and two shorter. They sprang out of the bottom of the posterior chamber, from the capsule of the lens. Besides these, a still longer hair pierced the iris to the left of the pupil, and lay stretched on the iris in the anterior chamber. This state was traced to an injury from a chip of tinned iron, which struck his eye in an incandescent state, three years ago.—*Monatsschrift für Medicin, Augenheilkunde und Chirurgie.*

On the Use of Conium Maculatum in Scrofulous Ophthalmia.—By Professor OTTO, of Copenhagen.—Kopp, of Hanau, recommends for scrofulous ophthalmia the conium maculatum. His formula is: R. Ext. conii maculati, ʒj.; aquæ cinnamomi spirituosæ, ℥iv. Solve. Of this he gives children of two or three to four years old, and older, four drops three times a day, daily adding a drop to each dose. Blisters behind the ears, and compresses, wet with tinct. thebiaca, to the eyes were at the same time used. Professor Otto says he has cured more than thirty cases of scrofulous ophthalmia by this plan. He has, with Kopp, raised the doses as high as thirty to thirty-five drops without any bad result.—*Wochenschrift für die ges. Heilkunde.*

Medical Miscellany.—Dr. C. J. B. Williams has been elected Professor of the Principles and Practice of Medicine at University College, London, and Physician to the Hospital, vacant by the resignation of Dr. Elliotson. Drs. Copland and Cragie were candidates.—A young man, a patient of La Charité Hospital, in Paris, died recently on account of a small artery having been left untied in an operation by M. Velpeau. The artery was divided by an incision made into a tumor over the lower third of the right femur, and could not be found after free bleeding was ascertained.—It has been decided by the Postmaster General that all postmasters may enclose money in a franked letter to the publisher of a newspaper, to pay the subscription of a third person. We trust that many of our distant subscribers, who make the expense of sending by mail an excuse for continued neglect, will remember this.—Interments at the Bayou cemetery, New Orleans, Sept. 10—27; 7 from the hospital; yellow fever 15. At the Catholic cemetery one interment—not yellow fever. At the American cemetery two interments—both yellow fever. At the Charity Hospital, on the 10th, there were admitted 20, of whom 14 were yellow fever. Deaths 6.—Deaths in Augusta, Sept. 13th, from fever, 3; and one in the country.—Deaths in Mobile during the month of August, 101. First six days in September, 23. Population of Mobile, about 3000.—Dr. Meigs's Philadelphia Practice of Midwifery, and Dr. Harlan's Medical and Physical Transactions, have been favorably reviewed, the first in the British and Foreign Medical Review, the second in Dr. Johnson's Medico-Chirurgical Review, for July of this year.—The University of Virginia is about to lose the valuable services of Professor Griffith, who intends retiring in consequence of ill health.

To Correspondents.—The communications of Dr. Wheeler, Dr. Welch, J. B., a physician in Illinois, and others, will be attended to.—Dr. Alcott's is deferred a short time, till the writer whom he reviews has completed his observations.

Whole number of deaths in Boston for the week ending Sept. 21, 39. Males, 19—females, 20.

Of consumption, 2—dropsy on the brain, 1—scarlet fever, 3—dysentery, 4—cholera infantum, 7—infantile, 3—old age, 1—dropsy, 2—canker in the bowels, 1—typhous fever, 3—intemperance, 1—inflammation of the breast, 1—teething, 5—inflammation of the bowels, 1.

MASSACHUSETTS MEDICAL SOCIETY.

A stated meeting of the Counsellors of the Massachusetts Medical Society will be held at their room, Athenæum Building, Pearl street, on Wednesday, Oct. 2d, at 11 o'clock, A. M.

S 25—2t S. D. TOWNSEND, *Recording Secretary.*

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

For the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Ventro-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from $1 50 to $4 00, according to size and finish. To physicians those of men's sizes will be sold at $2, 2 25, 2 50, 2 75, and $3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21— M. R. FLETCHER.

SITUATION.

A physician, in a pleasant part of the "Connecticut Valley," wishes to dispose of some personal property, &c., and remove. Reference, for name and place, to the publisher of the Journal.

S 18—3t

ALBANY MEDICAL COLLEGE.

This Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

Alden March, M.D., President of the Faculty, and Professor of Surgery.
Ebenezer Emmons, M.D., Professor of Chemistry and Natural History.
David M. Reese, M.D., Professor of the Theory and Practice of Medicine.
James H. Armsby, M.D., Professor of Anatomy.
David M. McLachlan, M.D., Professor of Materia Medica and Therapeutics.
Gunning S. Bedford, M.D., Professor of Obstetrics.
Thomas Hun, M.D., Professor of the Institutes of Medicine.
Amos Dean, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is $70. Matriculation fee, $5. Graduation fee, $20. Price of boarding, from $2 50 to $3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

JAMES H. ARMSBY, *Registrar.*

Albany, July, 1839. Jy 17—tO

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

The regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. Jacob Green, M.D., Professor of Chemistry.
2. Samuel McClellan, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. Granville S. Pattison, M.D., Professor of Anatomy.
4. John Revere, M.D., Professor of the Principles and Practice of Physic.
5. Robley Dunglison, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. Robert M. Huston, M.D., Professor of Materia Medica and Pharmacy.
7. Joseph Pancoast, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, $15. Graduation fee, $30.

Aug 7—tN1 JOHN REVERE, M.D., *Dean of the Faculty.*

TO PHYSICIANS.

A physician who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid. S 18—tf

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GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the 1st Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. Spencer, M.D., Geneva.
Obstetrics and Materia Medica, by	C. B. Coventry, M.D., Utica.
Anatomy and Physiology, by	James Webster, M.D., Rochester.
Surgery, by	D. L. Rodgers, M.D., Geneva.
Chemistry, by	William Usher, M.D.

Medical Jurisprudence, by the Professors of Chemistry and Anatomy.

Thomas Spencer, M.D., *Registrar.* C. B. COVENTRY, M.D., *Dean.*

Geneva, July 16, 1839. Jy 31—tO

MEDICATED VAPOR BATHS.

Physicians are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, antacid, anti-hæmorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerrish, No. 14 Franklin Place, Boston.

Aug 21—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, October 2, 1839. No. 8.

SARATOGA SPRINGS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I have just spent a delightful week at the famous fountains of Saratoga; and if you have room in your valuable paper, I wish to state, hastily, the history of a few invalids, who, like myself, were in the pursuit of health. The week which I spent there being the period in which Messrs. Van Buren, Clay, Forsyth, Poinsett, General Scott, and other distinguished characters, were at the Springs, when many were obliged to sleep on settees, carpets, &c., and when the large houses were rejecting scores of applicants daily, you may well suppose I deemed myself and wife fortunate in finding in the house of a friend, what, under existing circumstances, we could hardly have obtained at the *crowded* public houses.

But the object of this hasty communication is to give your readers a simple sketch of a few *water drinkers*, and the effect of the waters upon their respective complaints. And to begin the list—Mrs. C., from one of the cities of Connecticut, had been two or three months, during the winter and spring, under the treatment of one of our best and most respectable physicians, for *indigestion*, *costiveness*, *irritation of the throat*, great *weakness of lungs*, preventing common conversation, with loss of strength. By the advice of her physician she visited the Springs about three weeks since, being partially restored. She has drank the waters every morning, with occasional bathing, and is now about returning to her family with a fine, clear countenance, strong appetite, increasing strength, and an entire subsidence of all the weakness and irritation of the lungs and throat. There appears to be no reason to doubt that her improvement is permanent, and that in a few months, during which the effects of the mineral waters in the solids and fluids of her system will continue to operate, she will find her restoration complete.

The next—Miss W., of Connecticut—belongs to a highly consumptive family, and for many years scrofulous tumors have existed in various parts of the adipose tissue. She was very much emaciated, sallow and feeble; her powers of digestion were small, voice and lungs weak, with a complexion indicating unequivocally a habit of general and confirmed disease. This patient was put by her physician upon the internal use of the water as an alterative, taking it regularly one hour before each meal. As her pulse was soft, and there was apparent atony of her system, she was directed to take a *hot bath* at 105 degrees, every second day, which proved highly agreeable, and appeared to be very efficient in the progress of her recovery. Her appetite has now, at the end of three weeks, become strong and uniform. She has no hesitation in saying that she takes more than twice the quantity of food which she ate when she commenced using the water, and with no unpleasant sensations. The absorption of bile from the surface is very manifest from the clearness of her complexion, and the returning lustre of her eyes. The long-absent sensations of health and comfort are returning rapidly ; and should she have the wisdom to follow the course three months—the least time in which a permanent constitutional derangement should be expected to be supplanted by movements of healthy action—she will most certainly leave the Springs with confirmed health.

The third is an interesting boy, the son of a mayor of one of the western cities of New York, about eleven years of age. He arrived at the Springs about two months since, with *enlarged tonsils*, great irritation about the throat, as evinced by a continued and distressing hawking, pale, doughy face, poor appetite, with general symptoms of debility. This patient was directed by Dr. North, who has investigated the *properties* and *effect*s of the waters with great accuracy, to use them as an *alterative* and *tonic*, without any regard to their cathartic operation, and to take the cold, mineral shower bath every second day. It was not one week before his appetite was greatly improved, and now he has scarcely any trouble from the morbid secretion in his throat ; the glands are much diminished, the healthy color of his cheek is returning, and from the vivacity and vigor of his movements, and the plumpness of his limbs, I should think he must be already enjoying perfect health. Knowing, as I do, the troublesome and incurable nature of this complaint, I have examined and stated the case with some minuteness ; and it is very desirable that some of the numerous readers of your Journal would send to the Springs a few more cases of enlarged tonsils, that it might be proved, and have the proof repeated in your numbers, whether the mineral springs of Saratoga may not prove in all cases a cure to the complaint.

Mrs. W. has slight pulmonary disease, and a condition of the system which contra-indicates the use of *tonics*. Being aware of the impropriety of using the waters under these circumstances, she drank sparingly, and with little or no effect.

With a pulse ordinarily of 60 or 65 in a minute, soft and easily compressed, and an *atonic* state of the digestive organs, without any local or general inflammatory tendency, I drank the water in the morning with an effect altogether better than I had anticipated. The tone of my digestive organs is greatly increased, and from the use of the water I am in a better state of health than I have enjoyed for a great length of time. The suggestion which I have made respecting myself, I have offered for the purpose of inducing those of my medical brethren who may be in a similar condition, to resort, if for a few days only, to the exhilarating fountains of Saratoga. Another suggestion which I wish to make is this—that those patients who have chronic disease of an inflammatory character, should not be allowed to drink the Saratoga waters until the inflammation is removed by the use of appropriate remedies. I saw many who visited the Springs in a state of health which should have prevented them from using the waters, and who were obliged to discontinue them and resort to antiphlogistic remedies before they could safely make use of those *natural restoratives.*

It is probably known to many of your readers that a spring has been recently discovered and analyzed, which is called the Walton, or Iodine Spring, and which, in proportion to the other solid ingredients, contains more iodine, and less iron, than is contained in the waters of the other springs. This will probably prove to be an important desideratum in the treatment of some varieties of morbid action which are met with at the Springs, particularly scrofula, and will be applicable in many forms of disease when the waters which contain more iron would be decidedly injurious. The spring is situated in the upper and pleasant part of the village, is very accessible by the " High Rock," or by a flight of stairs judiciously constructed for the accommodation of visiters. This spring is daily attracting attention, and will probably gain a celebrity equal, if not superior, to that of either of the other springs.

Wethersfield, Conn., Aug. 16, 1839. Respectfully yours,
ARCHIBALD WELCH.

AN ANALYSIS OF THE PHRENOLOGICAL FACULTY CALLED " ORDER."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The essential nature of the faculty called " order," does not seem to be well understood. No phrenological writer that I am acquainted with gives any satisfactory analysis of it. Phrenologists content themselves with ascribing to this faculty certain mental manifestations, without attempting to tell us what is its essential principle or the exact range of its function. The great number of observations that have been made with regard to it prove that it has something to do with order; but it may be easily shown by analysis that order is a compound perception, and consequently cannot depend on a single faculty. Order is the result of the conjunction, juxtaposition or collocation of things according to the relations natural, artificial, arbitrary or conventional, which subsist between them; therefore before we can perceive that things are in orderly arrangement, we must know their relations and notice their conjunction in accordance with these relations, all which cannot be done by a single faculty. What part, then, does the faculty in question take in the perception of order? It seems to me that its sole function is the perception and recollection of the conjunction, juxtaposition, collocation, or contiguity of things, and that the relations according to which they are conjoined when in orderly arrangement, are perceived by the other perceptive and the reflective faculties. " The sort of arrangement," says Mr. Combe, " prompted by this faculty, is different from, although perhaps one element in, that philosophical method which is the result of the perception of the relations of things.

The faculty of which we here speak, gives method and order in arranging objects, as they are physically related; but philosophical or logical inferences, the conception of systematizing or generalizing, and the idea of classifications, are formed by the reflecting faculties." It seems to me that the faculty spoken of is concerned in every kind of arrangement whatever, for there can be no perception of arrangement without the perception of conjunction. This faculty can no more perceive the physical relations of things other than that of their being next to one another, or in juxtaposition, than it can perceive metaphysical relations.

Much of what is called order depends rather on memory and imitation, than on the exercise of reason or attention to the relations of things. It requires much less exertion of intellect to preserve order when once established, than it does to discover the relations of things and to conjoin them in such a manner that their juxtaposition may be an index of the degree of their relationship; hence a person who cannot create or invent order may be able to preserve it, for, to do so, the perception and memory of conjunction are all that is required. An idiot, by the aid of the faculty spoken of, may be able to preserve that juxtaposition of things to which he has been accustomed, without knowing or noticing the relations on which the arrangement is founded. He recollects that a certain piece of furniture was placed in juxtaposition with another, or with a certain part of the room, and from having become accustomed to this conjunction of things, he takes a pleasure in seeing it preserved. This was the case with the Sauvage de l'Aveyron; he could preserve and restore order in the room, but we are not informed that he could create or invent it, and I do not believe that he could. Dr. Spurzheim informs us that this person, "though almost a perfect idiot, could not bear to see a chair or any other article out of its place, and that as soon as anything was disarranged he went of his own accord and put it right," and we are led to suppose that he did so for the gratification of the faculty called "order," which I doubt not was the case, for this faculty takes pleasure in contemplating and recollecting the conjunction of things.

Order is natural, artificial, arbitrary or conventional. Order is natural when things are conjoined according to the natural relations or properties which they possess in common; as when events are arranged according to the time of their occurrence. The primitive colors, as we see them in the prismatic spectrum, are conjoined according to the degree of their refrangibility. The juxtaposition of the numbers 1, 2, 3, 4, &c. in arithmetical progression, is determined by the nearness of their relation to one another. The degree of plurality expressed by 3, is more nearly related to that expressed by 2, than the degree of plurality expressed by 4 is related to that expressed by 2, and they are placed accordingly.

Order is artificial when things are conjoined according to artificial relations, as the hat to the head, shoes to the feet, gloves to the hands, money to the pocket, the tea-cup to the saucer, &c.

Order is arbitrary or conventional when things are conjoined in an arbitrary manner, without regard to natural or artificial relations; such is the conjunction of the letters in the alphabet. There is no natural or artificial relation between A and B, or the sounds they represent, which requires that B, rather than any other letter, should be placed next to A, and it is so placed solely in conformity to long-established usage.

When once a relation according to which things are to be arranged has been chosen, the place of each must be in harmony with that relation, though it were at first arbitrary; the juxtaposition of the letters in the alphabet is arbitrary, but the place of a word in the columns of a dictionary is determined by its alphabetical relation.

As the relations or properties which things may possess in common are very various, there may, in any particular arrangement, be order in regard to one relation or property, and disorder in regard to another; and a person may be habitually disorderly in regard to some relation of things which he does not readily perceive, though very orderly in regard to all others. Thus Mr. Milne could not be orderly in regard to colors, nor Ann Ormerod in regard to musical notes.

That arrangement of things is the most perfect in which they are conjoined in accordance with the greatest number of their common relations. There is disorder or confusion when things are conjoined, whose properties do not harmonize. Symmetry, in a body, is the result of the conjunction of similar parts or forms. No body is perfectly symmetrical which cannot be divided into two perfectly similar halves.

As the spirit of order is to have a place for everything, and to have everything in its place, no one can be orderly who is not apt to notice, and who has not a good memory for, the juxtaposition of things. Place is a compound perception; we may know the direction and distance of an object, without having a complete idea of its place; we must also know with what objects it is conjoined, to make our knowledge of its place complete. I know, for instance, that a steeple which I see rising over a hill is a mile distant in a northern direction; but I do not know with what objects it is in juxtaposition—whether it be in the midst of a village or of a wood, whether in a valley or on a hill. The faculty called "order" perceives and recollects the juxtaposition of things, their being next to one another. Locality perceives and recollects the direction in which bodies are situated, and it enables us to find them by the recollection of their direction, and the faculty called "order" enables us to find them by the recollection of their conjunction. These two faculties are thus admirably suited to our necessities, and to the constitution of the material world.

In the after part of this communication I shall show that it can be proved that the *apparent* form of a body depends on the *apparent* relative distance and direction of the points of its surface from the point of observation, and that therefore the perception of form is not simple and indecomposible, but is reducible into, at least, two perceptions—the perception of distance and the perception of direction; and that the received principles of phrenology do not permit us to ascribe these two perceptions to a single faculty. ANDREW ALEXANDER, M.D.

Boston, Sept., 1839.

CURE FOR WARTS AND CORNS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—To the physician who has just commenced his practising career, some diseases, which before appeared to him diminutive, and scarcely worthy of his notice, if, indeed, he ever thought of them at all; now, when he is called upon to describe or cure them, seem to be matters of, at least, some importance. He comes out of the medical college with his mind well stored with theories of fevers of various names and types—of rheumatism and gout—of white swelling—of cancer and fungus hæmatodes; he has the cause, remote and proximate, of all these upon his "tongue's end," and his modes of cure are all carefully and systematically arranged, and he is inspired with the fond hope that he can cure them all; and all this is as it should be. But when a patient comes to him with a wart or a corn, he is *non-plussed*—he knows not what to do—he has not heard a single lecture upon these diseases. Are there not some of my medical brethren who can testify to the truth of these remarks? My object in addressing you at this time is to name the modes of treatment which I have found most successful in removing these two troublesome diseases. I shall not stop here to describe them. Their description can be found in the admirable work of Dr. Warren, entitled "Surgical Observations on Tumors."

The *verruca*, or wart, which sometimes causes much inconvenience from its pressure upon adjacent parts, and is always "unsightly and unsmooth," may be speedily removed by the *potassa fusa* (potass., fused potass, caustic kali). Before the application, the wart should be pared, with a sharp knife or razor, down to the quick; carefully, however, so as to produce scarcely any hæmorrhage. Patients will cheerfully submit to this operation, who could by no means be induced to undergo an operation by the knife. One application is usually sufficient. Some soreness remains for a while, but the part becomes sound sooner than when the wart is removed by excision.

The *clavus*, or corn, may be cured in a few days by wearing the following plaster. R. Pix Burgund., emp. diach., emp. hydrarg., 3 parts each; rosin, 1 part. Melt and mix the whole together and spread it upon cloth or soft skin, and apply this upon the corn. All pressure upon the part must, of course, be avoided, that being the exciting cause of the disease. Respectfully yours,

Unionville, Sept. 18, 1839. E. G. Wheeler.

MACROTRYS RACEMOSA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I noticed, in a recent No. of the Journal, a communication from Dr. Wheeler, on the Macrotrys racemosa of Eaton. That it is a most valuable addition to our materia medica, will be acknowledged by any one who may use it properly and extensively. Dr. W. has told the truth, but not the *whole* truth. I have repeatedly seen it used as a substitute for the ergot, and in every case with the most happy effect. It has the desired properties as a partus accelerator, without the power of doing injury to the fœtus, as sometimes does the ergot. Also it does not diminish the susceptibility of the uterus to succeeding doses of the medicine, as is the fact when the ergot is given. In single large and full doses, it produces convulsive contractions of the muscles of involuntary motion, and first of the uterus. Thus it is narcotic, and ecbolic because of its peculiar narcotic operation. When given in inordinate quantities, it will produce convulsive action of the heart, and painful palpitations. Beside being narcotic, it operates in a peculiar manner on the glandular system. Thus it increases or diminishes the secretion from the liver, when its secretions are morbidly diminished or increased. It removes topical inflammations of the atonic kind, without an evacuation. It affects the bronchial mucous membrane, diminishing morbidly increased expectoration. Diaphoresis and diuresis often follow the use of the article. It has an action on the cutaneous surface, differing from a diaphoretic, producing resolution of the diseases peculiar to the part. It is emmenagoge. It removes pain of the neuralgic kind, thus being a valuable medicine in colic. On some patients it has a cathartic operation, though this is but rarely noticed.

For the removal of rheumatism, whether acute or chronic, it is the Samson of the materia medica. The gates of Gaza, posts and all, are sure to start, if it be properly given. It is necessary, in order that the medicine may operate as we wish in this or any disease, that the strength of action in the circulating system be as much as possible short of phlogistic diathesis, and any reduction below this point by bleeding or purging will be injurious. It should be given every hour, and continued till some symptoms of ultimate narcosis appear—then hold on for a few hours, and resume again if necessary.

In ophthalmitis conjunctiva its effects will be as distinctly seen as in any disease. A short time since, I was called to administer to a maiden lady suffering with this affection. The prescription was tinct. m. racemosa ʒ i. every hour. As some topical application was of course expected, and none being prescribed, the gentleman of the house sportingly inquired why I did not extract a tooth to cure the eyes? In a few hours the intolerance to light was mostly removed, and the second ounce of the medicine completely cured the disease. In other cases it has had the same immediate and happy effect, no other medicine being given. It is said that it has been given to gravid females for the removal of cough, with the effect of producing speedy abortion.

The best possible manner of giving it is in the form of tincture, which should be made with four ounces of the bruised root to one pint of undiluted alcohol. If the alcohol be diluted, the value of the tincture will be much deteriorated. The watery infusion is of no account. Given in fine powder it is not inert, but it is not the best preparation. Alcohol seems to be its proper menstruum, and the stronger the alcohol the better. J. B.

Griswold, Conn., Sept. 9, 1839.

LETTERS FROM THE WEST.—NO. VII.

WESTERN PRACTITIONERS.—QUACKERY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—During the spring and summer past I have travelled in every Western State, except Michigan, and have endeavored to make some observations upon the character of western practitioners, and inquiries respecting legislative enactment touching the qualifications of physicians. Concerning the latter, I have only to say that the whole West is now open for all grades and sects. In former years provision was made by the statutes of Ohio and Kentucky for admitting individuals to practise, and for the exclusion of those who were incompetent; but these laws have been repealed; and at this day the regular graduated physician, and the man who studied medicine day before yesterday, bought his drugs yesterday, and commenced practice this morning, in the eyes of the law stand on equal footing. Such being the case, you may readily suppose that the practitioners of this section of our country are men of various stamps of intelligence. Here may be found the highly intelligent, regularly educated physician, and the ignorant, impudent quack: the one possessed of modesty and dignity; the other, the trumpeter of his own deeds, having no other claim to the support of the community than a low, vulgar art of deception. Such men, Sir, are often found together in the same village—one pursuing an honest course, the other using every means he can to impose upon an unsuspecting and too often credulous public. It is indeed a matter of great wonder that quackery should be tolerated in the West to so great an extent. While the regular physician may spend years in active exertion to secure the confidence of the people, and scarcely make a decent support, the presumptuous quack can puff himself into immediate notice and obtain a lucrative practice; and if, perchance, he should become unpopular, and lose the support of a community, he has only to change his residence and again exert his contemptible arts of imposition. It is true, likewise, that another impostor can supply his place, and deceive the same public. Such empirics are to be found in every portion of the western country, and such is the encouragement they receive.

I wish now to call your attention to a prominent feature in the character of western physicians—those who may be styled good practitioners. I mean a disposition for quarrelling. You may discover this trait in the man who holds the dignified station of professor, and in him who hangs out the sign of the "pestle and mortar" in the most obscure village of the West. In searching for a cause of so great a fault, I am led to pronounce it the want of a thorough and uniform system of education. There may be many other circumstances of a local and individual character which create dissention, but I am well convinced that if every physician was a regular graduate of medicine, and had received a pretty liberal collegiate education, which would lead one and all to think and act with greater harmony, the western profession would present a band of brothers, united for the exalted purpose of elevating, by every laudable exertion, the science of medicine. But this is far from being the fact. Do not suppose I wish to cast unqualified censure upon the medical men of the West. I will readily admit an abundance of individual talent and intelligence; but they cannot move together in such a manner as will best promote the object just named. Not one in twenty appears to have any acquaintance with medical ethics, an essential part of a good system of medical education. This is a fruitful source of perpetual backbiting and animosity. Many have acquired a knowledge of the classics, while others are entirely ignorant of them. This, in the course of time, lays the foundation of enmity and slander. A great number of practitioners in the West have attended but one course of lectures; and if their competitors are graduates, peace rarely ever exists long between them. There are many other minor causes, which I could detail, but the whole can be traced back to the great parent source—"*the want of a thorough and uniform system of education.*"

To effect a reformation, time and labor will be required. In truth, I am firmly convinced that we need, throughout the whole Union, a more rigid system of medical education. The degree of Doctor of Medicine is too easily obtained; and could the professional talent of the United States be concentrated, and adopt a more thorough and extensive plan of imparting instruction to the student of medicine, and more rigid requisitions for the doctorate than at present exist, we should doubtless witness, in the course of a few years, a most wonderful and happy change. For one, I would insist upon the necessity of attending three courses of lectures, and acquiring, at least, a respectable collegiate education.

Finally, for the improvement of our profession, it is by no means unimportant that *the people themselves should be educated.* For I am persuaded that so long as ignorance prevails, empiricism will flourish. The two are sworn friends, and mutually support each other. Destroy the first, and the latter must die.

Perhaps this will be my last letter from the West. I expect to go south in a few weeks.

Yours truly,

Cincinnati, Ohio, Aug. 25th, 1839. W. J. B.

ON LIGATURE OF THE LIMBS, AS A MEANS OF SHORTENING THE DURATION OF THE PAROXYSM OF INTERMITTENT FEVER.

BY DRS. FENBECK AND GOEDECHEN.

Case I.—A man, aged fifty, of robust constitution, had been suffering for more than three months from tertian fever, which had resisted all rational means of treatment. Dr. Fenbeck, therefore, advised the patient to try the application of the ligature. As the sensation of cold had hitherto commenced in the foot, and had from thence spread over the rest of the body, the ligature, as soon as the first symptom of the cold fit was perceived, was applied tightly immediately above the knee; the cold was, in consequence, soon dissipated, but some heat followed with rather profuse perspiration. The patient continued to apply the ligature immediately on the slightest feeling of cold, at the usual period for the return of the paroxysm, and succeeded in arresting the further development of the cold fit. Heat and perspiration, however, still continued; but these symptoms were removed by quinine, which had formerly been given without relief.

Case II.—A woman, aged fifty-two, was attacked with intermittent fever, and refused to take any medicine for its removal. Recourse was, therefore, had to the ligature as the only means which promised to be beneficial. The first application had scarcely any effect; the second shortened the cold fit and diminished the heat and perspiration. By each succeeding application the paroxysm became less severe, and disappeared entirely with the sixth, and in fourteen days the patient was in a condition to undertake a fatiguing journey.

Case III.—A sailor, aged thirty-seven, of weak constitution, was attacked in February, 1834, with septan fever, complicated with gastric affection. A treatment, principally directed against the latter, removed the fever, and the patient was dismissed the hospital. He was again received, on the 4th of April, with tertian fever; the cold fit lasted about one hour and a half, and was extremely severe; the hot and sweating stages, which were moderate in intensity, lasted respectively half an hour and a quarter of an hour. After some preliminary treatment, to remove some gastric symptoms, the ligature was applied, at the approach of the paroxysm, to the extremities, with the effect of reducing the cold stage to one hour's duration, and of changing the fever to its original septan type. Each succeeding application of the ligature reduced the intensity of the paroxysm, and in three weeks the patient was dismissed cured.—*Zeitschrift für die gesammte Medicin.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 2, 1839.

DR. HILDRETH'S ADDRESS.

In May last, the late President of the Medical Convention of Ohio, S. P. Hildreth, M.D., of Marietta, whose name is identified with the science of the West, delivered an address, which contains so many statistical facts in regard to the character of the diseases of the aborigines of this country and those of the early settlers, that in after times no medical document can be of more value to the American medical historian. On this account, aside from all other considerations, it should be kept by those who are so fortunate as to possess a copy, as a rare and valuable document, which must necessarily become more and more precious by age. Throughout the entire discourse there are interwoven many incidental remarks, no less interesting for their chronological details. The third division of the address, relating to the diseases of the Indians, cannot be consistently abridged, and is here copied.

" Although their red skins, and more hardy frames, would be some protection from disease, yet we find that the tribes which lived at Sandusky, and along the Scioto river, were afflicted at certain seasons with remittent and intermittent fevers, dysentery and diarrhœa. The larger portion of the sick, however, was amongst the children, and those whose bodies had not been hardened by exercise and exposures. It does not appear that these diseases were very fatal, or often prevailed as extensive epidemics, as they have done amongst the whites since their taking possession of the country.

"From history we learn that the aboriginal inhabitants of this continent were not exempt from those destructive epidemics which sometimes ravage other portions of the globe, even before the white man came amongst them; witness the mortal disease which had well nigh depopulated the district now called New England, the year before the 'forefathers' landed at Plymouth. The Massachusetts tribe of Indians are said to have been reduced from thirty thousand warriors to three hundred. This disorder, from the description of the Indians, was a contagious, pestilential, putrid fever, similar to the plague, as it was attended with buboes—some of the Indians who recovered showing the scars of the abscesses.

"In October, 1763, a fever broke out amongst the Indians on the island of Nantucket, and out of about two hundred and sixty-five persons attacked, only fifteen recovered. It is remarked that not any of the English inhabitants took the disease.

"Many of the mounds and tumuli of the West, which are filled with human bones of all ages and sexes, in nearly the same state of decomposition, would seem to indicate that life had been destroyed by disease rather than by war; as in that case the bodies would have been chiefly those of adult males, and not a mixture of all ages—as it is not to be supposed that their destroyers would have taken the trouble of their burial, but have left them scattered over the ground on the spots where they fell.

"Whether the smallpox, which seems to have been, and still continues to be, one of the most fatal diseases that ever visited the red men, was known amongst them prior to the discovery of America, remains in doubt; although I see no good reason why it should not have been, for they seem to be more susceptible to its attacks than the white man. Amongst us it is supposed sometimes to commence like other diseases, in a particular individual or family, and afterwards spread by contagion.

"The measles has also been a well-known disease amongst the Indians, but is not usually a very fatal one. Their treatment for this disease and the smallpox, appears to have been nearly the same—which was by placing the patient in a vapor bath, formed by pouring water over hot stones, and covering him with a blanket spread over boughs, beneath which he was placed. The operation was assisted by drinking freely of a decoction of hemlock spruce (Abies Canadensis), of the twigs of yellow pine (Pinus mitis,) whichever happened to be nearest the camp or village. After sweating profusely for some time he was plunged into cold water. This treatment usually proved fatal in cases of smallpox, but might be useful in a common intermittent, or an attack of inflammatory fever.

"Rheumatism is another disease to which they were very subject, especially the females, who performed all the drudgery, and carried heavy burthens for long distances on their backs. They were in fact the slaves of their husbands, transacting all their agricultural labors besides their in-door work. In sickness some old woman acted as nurse and physician, prescribing such simple remedies as their observation, in a long course of ages, handed down by tradition, had found to be useful. Amongst these a decoction of Butter-nut bark (Juglans cathartica), was often used as a purge. The wild ipecac. (Gillenia trifoliata of the hills), with Indian sage (Eupatorium perfoliatum), were employed as emetics. The latter plant, with the roots of the Indian hemp (Asclepias decumbens), was a common and very efficacious remedy for diarrhœa and dysentery, complaints from which they suffered in the summer months more than from any other, especially the children. These were often brought on by changes in diet. During the winter their food was principally venison, buffalo and bear meat, with hominy and various other dishes of Indian corn; and while they had it in plenty they enjoyed good health. In the spring and summer their food consisted chiefly of fish, and in scarce seasons they made use of fresh-water clams and muscles, which when the streams were low covered the bottoms of the creeks and rivers in thousands. These were usually roasted in the fire, as the immense heaps of *calcined* shells now seen buried in and along the banks of the Ohio, bear witness to this day. The latter article, eaten without salt, or other condiment, would be very likely to induce bowel complaints.

" When the Indian corn was first ready for boiling, the children ate voraciously of that, and being a new article of diet, in August and September, would also bring on diarrhœa, which proved more fatal to them than their other diseases. This complaint, however, they often cured with a decoction of white oak bark, and various astringent roots, especially alum root (Geranium maculatum).

" From their using so little salt in their food, the young children often suffered from worms. For this difficulty, hickory ashes, mixed in a little honey, was a common and very effectual remedy.

" Consumption and insanity were rare diseases amongst the aborigines, and seem to be chiefly confined to man in a civilized state. The more refined and intellectual his condition, the more common we find the latter complaint.

" Dropsy sometimes followed long-continued cases of intermittent fever, but was not frequent, especially among the tribes remote from the white traders, where they could not have access to whiskey. This inebriating and poisonous beverage, so grateful to the vitiated taste of the savage, has been the source of more diseases than all other causes combined.

" Their wounds were usually treated successfully by the aid of suction, and the application of emollients, such as slippery elm bark, and a decoction of beech leaves. These simple remedies, with the aid of a sound constitution, soon healed the most dangerous and extensive injuries from the knife, tomahawk, or rifle shot.

" Extreme old age amongst the Indians is at this day a rare occurrence; although when the whites first came amongst them it was not uncommon to see persons who had every appearance of being at least one hundred years old. There are several reasons why life should be more brief with them, than amongst civilized nations. Their exposure in hunting, and their almost continual wars, cut off a large portion of the male population before they reached sixty years of age; and after their intercourse with the whites, life was held by a still more uncertain tenure, from their nearly universal attachment to the '*fire water*'—a very apt and appropriate name which they had given to rum and whiskey. From their rambling and desultory habits, no adequate quantity of food was laid up for their support, at those seasons when deer and buffalo were scarce; for this reason they suffered extremely in some years from famine. At these periods the older and more helpless portion of the tribe would be sacrificed as useless incumbrances—for extreme necessity knows no law either of right or affection, especially while man is in a rude and barbarous state."

The next, or fourth division, embraces a consideration of the diseases of the early settlers of Ohio, which will be copied hereafter.

Epitome of General and Pathological Anatomy.—William J. Barbee, M.D., of Marshall, Illinois, has prepared a volume which meets the entire approbation of distinguished professors at the West, and which he proposes to put to press as soon as sufficient encouragement is given by subscription. Part first is a compilation from treatises by Bichat, Beclard, Meckel, Bayle and Hollard—the second particularly embraces pathological anatomy, abridged from the celebrated Andral. It must be regarded as a singular circumstance in this age of book-making enterprise, that no publisher has been willing to put Dr. Barbee's manuscript to press, since there is every reason for believing that it would prove a safe business operation. Under this unfavorable aspect, Dr. Barbee addresses himself, by a circular, to medical students and young practitioners, for whom the work is especially designed—asking their co-operation and patronage. A principal object is to present them with an elementary book on these important subjects, at a reasonable price. Would it not be a reproach to the physicians of the Valley of the Mississippi to withhold the means of bringing it out? Those in the eastern States who are always ready to render assistance, where the honor or advantage of the profession can be promoted, will now have an opportunity of showing their characteristic zeal. As the price is not to exceed two dollars, it will be within the reach of all who desire it. Names may be left at this office. Some months since we examined the sheets, as they came from the author's hand, and we recollect the gratification they afforded. Dr. Gross, of Cincinnati, whose great work on pathological anatomy is just ready for the public, speaks warmly in praise of Dr. Barbee's labors. Should a sufficient number of subscribers be obtained to warrant the expense, the work may be delivered to them before the expiration of the lecture season of the medical schools.

Prospects of the Profession in the State of New York.—Prodigious efforts are being made by the Thomsonians in the State of New York, to beset the Legislature, with a view to revolutionizing the present system of things in the practice of medicine and surgery. In a word, it is their intention to pray for the repeal of all laws regulating the profession of medicine—indulging the vain hope, it is presumed, of ultimately bringing down their superiors in knowledge to the low level of themselves. The radicalism of the times probably strengthens them with a hope of finally succeeding in the undertaking. The comitia minora of the State Medical Society deem the proceedings of these regular irregulars of sufficient importance to require such action on the part of the members as the interest, and especially the well-being of the Society demands. A writer in the Albany Evening Journal, however, insinuates that the tocsin of alarm sounded by Drs. Eights, Wing and Van Olinda, of the State Society, is a cunningly devised scheme for injuring the growing reputation of the Albany Medical College. For ourselves we do not hesitate to say that we discover no such tendency in their card. It would be lamentable to have any misunderstanding between the friends of that institution and the Society, since both have the same object at heart, viz., the respectability and usefulness of every practitioner in the State. By remembering that a house divided against itself, &c., they will be the better prepared to defend themselves against the encroachments and combined attacks of the common enemy.

Smallpox in Maine.—In letters from correspondents at the eastward, we are informed that smallpox has appeared in several towns and greatly alarms the inhabitants. It seems to be travelling towards the British provinces, where nothing has ever been done to limit its devastations. Vaccination is rarely practised in that region, unless there is some sudden alarm, and then but a few, comparatively, avail themselves of the benefit. If the authorities of the towns in Maine would only act energetically, when there is cause for excitement, owing to the generally unprotected state of the people, and order a general vaccination at the expense of the treasury, it would be both economical and humane. Unless such a course is pursued, there is no way of staying the increase of a most loathsome and terrific malady.

Principles of the Theory and Practice of Medicine.—It so happens, to-day, that there is barely room to acknowledge the receipt of a generous-sized volume, with the above title, by Marshall Hall, M.D., well known to fame, revised and much enlarged by our townsmen, Drs. Jacob Bigelow and Oliver W. Holmes—first American edition, from the press of Little & Brown.

Yellow Fever of Gibraltar, in 1828.—Messrs. Little, Brown & Co. have in press a translation from the French of the celebrated P. C. A. Louis, of Paris, by George C. Shattuck, Jr., M.D., of Boston, entitled the *Yellow Fever of Gibraltar in* 1828, *anatomically, pathologically and therapeutically considered*, which will be ready for circulation in about four weeks. That it will greatly interest the profession of this country, there cannot be a doubt. A further notice will be given of it as soon as a copy is in readiness for examination.

Case of Spontaneous rupture of the Spleen.—By Dr. Nuckel, of Cöln. —Mr. J., æt 25, had suffered for a fortnight from diarrhœa, but did not seem very ill, being able to get about. He took lead and opium, in small doses, without benefit. For two days before his death he kept his bed, on account of pains in the abdomen; on the last, he was suddenly seized with a feeling of anguish (Angstgefühl), and with cold sweats, &c.; he expired after a few hours. On examining the body, forty-eight hours after death, there was found a great effusion of blood in the abdomen and pelvis, which was traced to an angular rent in the spleen, three or four lines broad, and situated on the lower part of the anterior and outer surface of the viscus. The spleen measured about five inches in length and four in breadth. Its surface was of a dark, livid color. Its coat was so rotten that the fingers pierced it in handling it; the parenchymatous substance resembled a dark red paste. The great vessels in the abdomen were sound. The stomach and upper portion of the duodenum were normal, but the ileum was covered with numerous ulcers.—*Med. Zeitung.*

Ivory Bougies.—Charriere, surgeons' instrument maker in Paris, has exhibited to the Academy bougies and other instruments, made of flexible ivory (ivory from which the calcareous matter has been extracted). They are according to the pattern of some bougies given to him by Dr. Jüterbock, of Vienna. They serve the purpose completely of elastic gum instruments, and have the great advantage, that they may be made in a few days, whereas the preparation of caoutchouc instruments occupies several months. In a practical point of view, the ivory bougies have the advantage that, when they are dry, any desired bend or curvature may be given to them, which is retained notwithstanding their elasticity. The dryer they are on introduction the more they expand, without losing in durability and firmness.—*British and Foreign Medical Review.*

Notice.—S. Freeman, Esq., of Williamstown, N. Y., is no longer agent for the Boston Medical and Surgical Journal.

Erratum.—In the article on deafness, on 111th page, 25th line, for *cures* read *cases.*

Died,—At Bernardstown, Mass., Dr. Gideon Ryther, 71, Postmaster.

Whole number of deaths in Boston for the week ending Sept. 28, 35. Males, 15—females, 20.
Of consumption, 6—inflammation of the bowels, 2—cholera infantum, 2—infantile, 3—teething, 3—typhous fever, 3—hooping cough, 2—slow fever, 1—dysentery, 2—old age, 3—debility, 1—scrofula, 1—croup, 1,—scarlet fever, 2—stillborn, 1.

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

Benjamin Silliman, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
Eli Ives, M.D., Professor of the Theory and Practice of Physic.
William Tully, M.D., Professor of Materia Medica and Therapeutics.
Jonathan Knight, M.D., Professor of the Principles and Practice of Surgery.
Timothy P. Beers, M.D., Professor of Obstetrics.
Charles Hooker, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are $12 50 for each course, except that on obstetrics, which is $6. The matriculation fee is $5, and the contingent bill for the course on chemistry, $2 50. The expense of a full course, therefore, is $76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is $15.

CHARLES HOOKER, *Secretary.*
Yale College, August 1, 1839. Aug 7—6t

WASHINGTON UNIVERSITY OF BALTIMORE.

Medical Department.—Session, 1839—1840.

The regular Lectures in this institution will commence on the last Monday of October, and continue to the 1st of March. The Faculty consists of the following professors, in the order of their appointment.

J. H. Miller, M.D., Professor of Anatomy and Physiology.
Sam'l K. Jennings, M.D., Professor of Materia Medica, Therapeutics, and Legal Medicine.
Wm. W. Handy, M.D., Professor of Obstetrics, and Diseases of Women and Children.
John C. S. Monkur, M.D., Professor of Institutes and Practice of Medicine.
Edward Foreman, M.D., Professor of Chemistry.
John R. W. Dunbar, M.D., Professor of Surgery and Surgical Anatomy.
W. R. Handy, Demonstrator of Anatomy.

The plan of this institution is a new one in this country. The college buildings are so constructed, as to present peculiar advantages to the student, which every intelligent medical man will at once perceive, as this plan unites a Medical College, Marine and City Hospital, Rooms and excellent Board for a large number of resident students, who have the charge of the patients under the direction of the professors. Clinical lectures are delivered during the session, on Medicine and Surgery, by the professors of the respective chairs. Northern students who contemplate emigrating to the middle and southern States, are invited to examine the plan and location of this institution.

Additional information in reference to the plan, terms, &c., and a circular, may be obtained by a letter addressed to

JOHN R. W. DUNBAR,
Dean of Medical Faculty.
S 18—tN

MASSACHUSETTS MEDICAL SOCIETY.

A stated meeting of the Counsellors of the Massachusetts Medical Society will be held at their room, Athenæum Building, Pearl street, on Wednesday, Oct. 2d, at 11 o'clock, A. M.

S 25—2t S. D. TOWNSEND, *Recording Secretary.*

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by - - - - - -	JOHN C. WARREN, M.D.
Chemistry, by - - - - - - - - - - - - - -	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by - - - - - -	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by - - - - - -	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by - - - -	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by - - - - - - - - -	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.
WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839. Jy 17—tN

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery and on diseases of the eyes, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839. 2am6m

THE CHASE INFIRMARY

FOR THE TREATMENT OF HERNIA, AT CONCORD, N. H.

THE perfect retention of the bowel is here guaranteed in all cases of *reducible* hernia, and a *radical cure* may be expected, except in cases of long standing in aged people. The attendance of the patient is required no further than to afford opportunity, by means of a suitable instrument, to adjust the degree of pressure necessary to ensure the certain retention of the bowel, provided the patient immediately report himself should a re-appearance of the hernia, or too much inflammation, render a different adjustment of the instrument necessary. THO. CHADBOURNE, M.D., *Concord, N. H.*

References.—Amos Twitchell, M.D., Keene; Matthias Spaulding, M.D., Amherst; Oliver Perry, M.D., Exeter; C. A. Cheever, M.D., Portsmouth; William Burns, M.D., Littleton. A14—

SITUATION.

A PHYSICIAN, in a pleasant part of the "Connecticut Valley," wishes to dispose of some personal property, &c., and remove. Reference, for name and place, to the publisher of the Journal.

S 18—3t

TO PHYSICIANS.

A PHYSICIAN who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid. S 18—tf

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, October 9, 1839. No. 9.

ON THE DEVELOPMENT AND STRUCTURE OF THE TEETH.

[Concluded from page 96.]

II. The Development of the Teeth.—The researches in this branch of odontology which have lately been published, and to the examination of which we shall at present confine ourselves, have an interest not much inferior to those of which we have already spoken. Much, however, in this department remains to be done; and observers have as yet to test the accuracy of the novel views which we are about to relate.

We shall speak—1st, of the Development of the Ivory of the Tooth; 2dly, of the Enamel; 3dly, of the Crusta Petrosa.

The Development of the Ivory of the Tooth.—The ivory of bone is formed by an organ called the pulp of the tooth. This pulp is, at an early stage of development, contained in a cavity called the follicle, from the base of which it grows, and to which it is attached by vessels and nerves. According to Arnold and Goodsir, this follicle is thus produced: at a very early period of development (between the fifth and seventh weeks) in the human subject, a groove is observed on the free margin of the alveolar arch; from the floor of this groove the pulps of the teeth grow; after a certain period, septa are formed, which separate the pulps from each other, and divide the groove into a series of follicles, which continue to have a communication with the mucous membrane of the mouth, until a much later period. Arnold has seen the orifices of these follicles quite distinct in a child at birth. The researches of Mr. Goodsir have been conducted on a very extensive scale, and he has published delineations of the development of the follicle in all its stages; at the time that he conducted his dissections, he was not aware of the views of Arnold, which appeared in the Salzburg Med. Zeitung for 1831. Purkinje and Raschkow are quite opposed to the above view of the development of the follicle, as described by Arnold and Goodsir. They state that they "have looked with the greatest care, and have made researches in comparative anatomy, but have never discovered a trace either of the groove or of the orifice of the follicle." Raschkow states that "the membrane of the follicle consists of soft fibres mixed with much granular matter; at the earlier periods of development, this follicle is not united with the gum; its internal surface is smooth like a serous membrane."

The Pulp or Dental Germ.—The pulp is developed in the interior of the above-mentioned follicle, which, when the latter assumes the name of *capsule*, Raschkow considers "the pulp to be a production of the interior of the capsule, inasmuch as the two are inseparably connected, their vessels and nerves having a common origin." He denies that the dental germ is a continuation of the dental nerve. The following is a condensed account of the views of Raschkow on the pulp and its functions. This organ, at its earliest period, consists of globular granulations, in which are not observed either vessels or nerves; afterwards the vessels appear and then the nerves. The granules of nervous matter, in the interior of the pulp, assume the form of nervous cords, after the vessels are completely formed. In no part of the body are the extremities of the nerves so well seen as in the pulp, when it is mature. The nerve upon entering the pulp divides into filaments, the latter into a pencil of rays, in which they terminate. These filaments are accompanied by a cellular web. In the interior of the pulp of the hare, sow and stag, stony concretions may be observed towards the apex. A membrane covers the dental pulp from its base to its apex; in this membrane the formation of the dental substance always commences. This membrane Raschkow calls "membrana præformativa," and it is described by him as being very dense. Raschkow has observed upon the surface of this membrane, previously to the formation of the dental substance, certain elevated spots. These he considers to be most probably transformed into the undulating ridges on the surface of the dental substance, to which the enamel is attached. According to Raschkow and Purkinje, the dental substance is formed immediately under the preformative membrane, the latter assuming an almost stony hardness; between the dental germ and this ossified membrane, a layer of dental fibres is deposited from without inwards, the parenchyma of the dental germ supplying the materials. It will be seen that the views of the above observers differ much from those of preceding writers. Hitherto it has been supposed that the membrane covering the surface of the pulp, and intimately adhering to it, is the secreting organ of the ivory. Observers have accounted for the peculiar waving course of the tubes in ivory, by supposing that the pulp undergoes certain periodic movements.

Development of the Enamel.—We have seen that the first stage in the development of the tooth consists in the formation of a follicle or capsule, from the base of which grows an organ—the pulp, the function of which is to secrete the ivory of the tooth. Contemporaneously with the appearance of the pulp is the formation of another structure, a growth from the internal layer of the capsule; it is the formative organ of the enamel. It appears directly opposite to the ivory pulp, was called by Hunter the "enamel pulp," and by Purkinje and Raschkow the "adamantine organ." The researches of the two last-mentioned authors are highly interesting. They state that the "adamantine organ appears as a globular nucleus, having a granular structure, projecting into the cavity of the capsule towards the pulp of the ivory;" and that it eventually is converted into the membrane which secretes the enamel in the following manner: "It throws off towards its internal surface a stratum of fibres, producing the appearance of a silky covering. These fibres are eventually converted into a membrane—the membrane of the enamel. It has no traces of vessels or nerves. If examined with the microscope it will be found to consist of hexagonal bodies of almost equal size. Each of these fibres must be considered as a *gland,* whose function is to secrete a single enamel fibre, corresponding with itself. Each *gland,* simultaneously with the earliest formation of the dental substance, deposits the primitive part of each adamantine or enamel fibre, one upon another, so that every one of these fibres, when carefully examined by the microscope, displays the order of its parts arranged in strata in a transverse direction." The enamel is first deposited upon the hardened preformative membrane mentioned above, and the progress of its formation corresponds exactly to that of the development of the ivory. At an early stage of the production of these enamel fibres, the organic substance is a lymph which enters between each individual fibre, and appears to soften its entire substance; this organic substance appears to be formed by the parenchyma of the adamantine membrane between the above-named *glands.*" Purkinje and Raschkow suppose that this animal substance, by means of a chemico-organic process, enters into close connection with the earthy matter, and thus forms the animal basis of the enamel, which is evident, by means of the microscope, after the latter has been placed in acid. These observers account for the production of the peculiar waving fibres of the enamel by the occurrence of certain movements in the adamantine membrane. The adamantine membrane is permanent in the incisors of the rodentia. Previous to the formation of the adamantine organ, it is supposed that the rudiments of this structure exist in the form of a serous sac.

Development of the Crusta Petrosa and Cementum.—Upon this branch of the subject much remains to be done. No new facts have been adduced since the time of Cuvier. The crusta petrosa and cementum are formed subsequently to the completion of the ivory and enamel; but whether the organ which produces them is a modification of those which formed the latter, or one for their especial development, anatomists have not yet determined.

The result of the investigations above detailed is that the structure of the tooth is very analogous to that of bone. We shall refrain from making any observations upon this analogy until we have laid before our readers a view of the recent discoveries upon the structure of the latter tissue (and which we hope to do in an early number). Although we possess so full an account of the internal composition of the teeth, we are very deficient in researches into the development of each individual part of the tooth, as well as of the organ generally; we have noticed above that Purkinje and Raschkow entertain opinions directly opposite to those of Arnold and Goodsir; in fact, we believe, that upon no subject is there a greater diversity of opinion than upon the nature and functions of the structures in connection with the development, growth and organization of the dental apparatus. In support of this assertion, we refer to the first part of the work by Mr. Nasmyth. The cause of the strange discrepancies of opinion therein detailed, appears to arise from the too partial examination of the subject before us, which has been conducted by various observers.

Mr. Nasmyth promises to prosecute an extended series of researches into every branch of odontology; in doing so we feel sure that he will reconcile many of the present conflicting opinions, and we hope to receive from his hands, what is much wanted in medical literature, a Systematic Treatise on the Development, Structure, and Diseases of the Teeth.

To conclude: to those who wish to pursue the subject which we have so briefly brought under notice, we recommend the first part of the work of Mr. Nasmyth, as containing an entire translation of the papers of Retzius, which are illustrated by many beautiful and original plates; also a complete view of the researches of those whose names we have introduced in the present article; and, lastly, a comprehensive historical survey of all works on odontology.—*Brit. and Foreign Med. Review.*

REMARKS ON THE PERCEPTION OF FORM.

(Concluded from page 125.)

Form results from the limitation of the extension of bodies, and it may be proved by admeasurement that the particular form of any body is determined by the relative distance and direction of the points of its surface from its centre, or from any other of its points, always measuring from the same point. In regular forms, as a perfect sphere, it is easy to prove this. The form of a crystal depends on the distance and direction of the particles of its surface from the primitive nucleus of formation.

It is my present object to show that the *apparent* form of a body depends on the relative distance and direction of the points of its visible surface from the point of observation, when we see it *correctly*, and that when we are deceived with regard either to the relative distance or the relative direction of its points, its form appears different from what it really is. If this can be shown, it will necessarily follow that the perception of form is compound, and that it cannot, in accordance with the received principles of phrenology, be attributed to a single faculty; for it is one of its fundamental principles that every perception essentially distinct in its nature, depends on a distinct power of the mind.

In investigations like the present, it must be constantly borne in mind that the impulses by which bodies at a distance make impressions on our organs of sight, come from them in the form of rays; thus when we look at an object, rays of light of different lengths, and coming from different directions, strike the retina, and the impressions they there make being propagated to the brain, excite the perception of the distance and direction of the points from which they come. When we touch any object, the impressions it makes on us are conveyed by a very circuitous route along the nerves to the brain, where their character is perceived by the different mental faculties; but our perceptions are the same as if they came to the brain in right lines, and it is only by observation and reflection that we discover how circuitous their real route is. Our perceptive faculties are so constituted that they take no direct cognizance of the refraction of the rays of light, or of sound, or of that of the impulses of touch; our perceptions are what they would be if the impulses came in a direct line from the points from which they appear to come.

I draw a line four inches in length, which *appears* straight, and which can be proved mathematically to be straight; I place a point which I call the point of observation three inches from it, and equidistant from both of its extremities, and I find that if I vary *perceptibly* the distance and direction of any of its middle points from the point of observation, while the others remain the same, the line ceases to appear straight, and that in reality it ceases to be straight. If I wish to vary the position of its extreme points, or to add new points to its extremities, and still preserve the straightness of the line, I find that I am obliged to place them in a certain direction and at a certain distance from the point of observation. A straight line may be proved in the following manner. "A straight line is that line the distance of each of whose points from the point of observation is proportionate to the secant of the direction of this point. Understanding by the direction of this point the angle P A B, which the line A P drawn to it makes with the perpendicular A B." Draw a line from the point of observation to the middle of the straight line, and another to one of its extremities. Place A at the point of observation, B at the middle of the straight line, and P at the extremity to which the other line is drawn.

When I look at a plane surface two inches square, placing its central point immediately opposite, and each of its angles equally distant from, the centre of the cornea, I perceive that its points become more and more distant from the centre of the cornea, in proportion to their distance from the centre of the square, and that though there are complete circles of points, all equally distant from the centre of the cornea, each point is in a different line of direction. If I vary *perceptibly* the distance of a single point, while the others remain the same, the surface ceases to *appear* plane and to *be* plane. If I substitute for the plane surface a sphere two inches in diameter, I perceive that the distance of its points from the centre of the cornea increases much more rapidly as they recede from the centre of the spherical surface than they did in the plane surface. When I substitute for the sphere a regular cone whose base is two inches in diameter, I perceive that the lines of direction of the points of its surface increase in length from the point of observation much more rapidly as they recede from the vertex, than they would if the surface were spherical. If I vary *perceptibly* the distance or direction of a single point, while the others remain the same, the form *appears* altered, and that it is *really* altered may be proved by admeasurement. It is evident, then, that when a person knows the relative distance and direction of all the points of the visible surface of a body from any given point, he has a perfect knowledge of its visible form. It is undeniable that we do get our knowledge of the visible properties of bodies by means of impulses coming in the form of rays from every point of their visible surface, and it is also undeniable that the apparent form of a body depends on the apparent relative distance and direction of the points of its visible surface from the point of observation; for it has been, and can again be, proved by innumerable experiments, that when we are deceived with regard either to the relative distance or relative direction of the points of a surface, its form appears different from what it is. When we can succeed in getting two distinct images of an object which appear to come from entirely different distances and directions, the object appears double. This may be done by pushing a little aside one of the eyes when they are both directed towards the same object; the images are then formed on non-corresponding parts of the retina, and in consequence appear to come from entirely different distances and directions, but the form of the images is the same, because the relative distance and direction of their parts are the same in both. When we place a straight rod in a vessel, and cover a part of it with water, it appears bent, and the reason is that the relative distance and direction of the points of its surface appear changed on account of the refraction of the rays of light coming from the part under the water, and we can never by any effort learn to *see* the rod straight, while it and the eye remain in the position referred to.

When we look between two long parallel rows of trees or buildings, they appear gradually to approach each other at their further extremities. This deception results from the limited nature of our faculties, and from the laws of light. We cannot estimate by sight a great distance so accurately as we can a short one; other things being the same, we receive fewer rays of light from a distant object than we do from a near one, and in consequence of the diminution of the vividness of the impressions, we cannot perceive so accurately their character. The points of the lines appear nearer than they are, but they still appear in their true lines of direction, when the rays are not refracted before they reach the eye. The deception with regard to their distance increases so gradually and so regularly, that the apparent lines have all the characters of a right line, and of course do not appear bent; in other words, the lines appear to have exactly that inclination towards the eye which they would require to have to constitute them right lines, were they situated as they appear to be. We are deceived as to the real distance of the points of each line, but not as to their relative distance, from the point of observation.

When we are deceived with regard to the form of a body by shading, we are always deceived with regard to the relative distance or direction of its points, from the point of observation, commonly both. The reader may satisfy himself of this by examining prints or paintings. The labor of the artist being laid out on a flat surface, he is obliged to throw depth into breadth or height, and he who succeeds in representing the most naturally depth by breadth or height, is the best artist, as far as concerns perspective.

As (other things being the same) a body always appears smaller the further it is removed from the eye, it seems that size and distance are essentially the same perception—if so, they must depend on the same faculty. Length is distance from one end to the other; breadth, width, thickness, distance from one side to the other; depth, distance from the top to the bottom ; height, distance from the bottom to the top ; these words therefore include the idea of direction. Distance is perceived by the faculty called size, and direction by that called locality.

The reader will perceive by the following extract from the last edition of Mr. Combe's "System of Phrenology," that my opinion with regard to the perception of form is not altogether without phrenological support. "In the last edition, I mentioned the case of a lady who having Form large and Size deficient, copied figures accurately in regard to form, but inaccurately in regard to size. To which statement Mr. Jeffrey objected that size is necessary to proportion, and proportion to form, and that there was inconsistency in the account of the lady's talents. Mr. Jeffrey is right : she informs me that it is only the simplest forms, which have few parts, that she is able to copy correctly, and in drawing even them she will err in size ; but that when a figure has detached parts, although she may give the outline of each part by itself with considerable accuracy, it will be larger or smaller than the original ; whence the whole figure will be deficient in proportion. In drawing from nature, she failed in perspective ; nevertheless she feels great pleasure in observing forms, recollects them easily, has a complete mental consciousness of the powers of Form and Size being different, and of the one being strong and the other weak in her mind." It seems to me that this case furnishes very strong evidence in favor of the opinion that the perception of form does not depend on a single faculty. It was to be expected that the lady would err less in drawing a small part of a complex figure than in drawing the whole of it, and it is evident that she did not recollect forms *accurately*.

When phrenologists assert, that other things being the same, the person whose eyes are the furthest apart has the most accurate and distinct perception, and consequently the best recollection of forms, they assert no more than can be proved to be correct ; but when they go on to say that the perception of form depends on a single cerebral organ, which, when large, produces breadth between the eyes, I think they assert more than can be proved. There are certain physical reasons why a person whose eyes are far apart perceives the form of objects more accurately and with less trouble than a person whose eyes are near together, supposing every other thing to be the same. It is an easily demonstrable fact that those persons who have the eyes far apart, are able to get a more extensive, and consequently a more accurate, view of many irregular bodies, at a single glance, and without moving the head, than those persons whose eyes are near together. It is easy to place a body in such a manner that a man whose eyes are far apart shall see three faces of it, while another, whose eyes are near together, shall see only one face, when both are standing in the same position. It is evident, then, that the two men would have very different ideas of its form. Persons whose eyes are near together may see distinctly what is in view, but their range of vision is less extensive, and their ideas of the form of many irregular bodies cannot be so accurate, as they would be were their eyes far apart ; on the same principle that a man who is near sighted and can see only the lower part of a building, has a very different idea of it than he would have if he could see it all. From the constitution of the material world, a man who has but one eye sees much less than he would if he had two. The portraits of a painter whose eyes are near together are apt to appear flat and dead; they want relief and depth; he sees less of the face and head at a single view when in certain positions, than he would if his eyes were far apart, and he is naturally inclined to represent as much as he sees at once, or but little more. Were he aware of the disadvantage under which he labors, he would find it difficult to overcome it by superior attention, and at the same time make his portraits appear natural. He would be apt to destroy their unity. Gilbert Stuart's portraits are remarkable for their depth and relief; they appear to stand out from the canvass; you imagine you can see the entire form of the person represented. Though I do not know it to have been the case, I have no doubt that Stuart's eyes were uncommonly far apart.

The organ of Size, when large, evidently increases the distance between the eyes, particularly when Individuality is also large and sinks low between them. When Individuality is small, Size may be large without pushing the eyes apart, for in such cases it is generally placed higher than when Individuality is large. There may be considerable breadth between the eyes when Individuality is large and Size deficient. Let the phrenologist look at the portraits of Sterne, Captain Cook, Reubens, Lord Bacon, given in Dr. Spurzheim's work on phrenology, and he will be convinced that if the portraits are correct, the organ of Size has much influence on the position of the eye-balls. From an examination of skulls externally and internally, and of the living head, I am convinced that the distance at which the eyes are placed from one another depends very much on the position and development of the organs of Size and Individuality.

Boston, Sept., 1839. ANDREW ALEXANDER, M.D.

SMALLPOX IN MAINE.

BY A CORRESPONDENT.

DEAR SIR,—I have recently visited, by request of their physicians and municipal authorities, the towns of Boothbay and Edgecomb, to examine several cases of smallpox, which were found to be of the *distinct variety.* It was introduced into Boothbay by a seaman landed there, who came directly from some infected region, and he passed through the different stages of the disease without exciting even a suspicion of its character; it having passed among the inhabitants for chickenpox. The case was a very mild one—pustules distinct and few in number, and the fever slight. In the immediate neighborhood of this case there have been several of patients who have recovered (one with the loss of an eye), and there were yesterday, under the care of Dr. Cushman (a quondam pupil of mine) 20 cases in which the eruption had appeared, and others coming on; and I regret to add that the malignity of the disease increases with the number of cases. Some of these cases were very severe. High fever during the suppurative stage—great tumefaction of the face —much cerebral excitement, delirium, &c.

This vicinity is an island, in the south part of Boothbay, and has been visited by hundreds for the benefit of sea air, and for fish, from the interior counties of our State, who I fear may have carried the infection with them into the most valuable agricultural sections of Maine.

The case in Edgecomb came from the same source, and yesterday, on my return home, I found one in this village. The subject of it, unconscious of the nature of his disease, although in the eruptive stage (a very mild case), was beside the street, when all the military and spectators of a regimental review were passing. A number of the inhabitants of this, and neighboring villages, have been in actual contact with him. The eruption has also appeared in Alna, about ten miles from this, on a man who had been to Boothbay.

At Boothbay I was informed that not one out of 20 of the inhabitants had been vaccinated, and their population is about 2700. From this statement you may judge of the prospect of the diffusion of this disease through a part of our State. Many think it will reach Madawasca ; and if it do, the Blue-noses of the disputed territory may think of the lines of McFingal :

> "To rid the land of every TRAITOR,
> They'll send the *Small*-pox and the *greater*."

Wiscasset, Sept. 18, 1839.

Since writing the foregoing, I learn there have been 5 deaths out of the 20 cases at Boothbay. In one case of *varioloid* that fell under my care, the patient had been vaccinated from an arm that had received the virus 11 days previous. This man had been equally exposed to the contagion with an *un*vaccinated companion, who presented one of the most severe cases, and narrowly escaped death ; while the varioloid patient (who had marked and severe premonitory symptoms of the eruptive stage), was not confined to the house by the disease one hour after the eruption appeared. I do not name this case as unusual to those who have been familiar with variola, but merely note it as an additional proof of the astonishing prophylactic influence of vaccination.

The remark of Cazenave or some writer that "*confluent* and *distinct* pustules are sometimes seen on the same patient," was verified in some of these cases.

Sept. 29, 1839.

REVACCINATION IN THE PRUSSIAN ARMY.

THE following Report, by Dr. Lohmeyer, exhibits the result of revaccination in the Prussian Army in the year 1838. It was drawn up from official documents, and published in the "Medicinishe Zeitung" for May last.

"Total number of individuals inoculated (revaccinated) 42,041, of which number there were cicatrices from former vaccination—

distinct, in - - - -	33,819
indistinct, in - - - - -	5,645
none, in - - - - - - - -	2,577

The resulting vaccination was

regular, in	19,117
irregular, in	8,072
did not take, in	14,252

In the cases of failure the vaccination was repeated

with effect, in	2,306
without effect, in	10,424

Of the individuals in whom the disease was perfectly regular, there were from

1 to 5 pustules in	8,787
6 to 10 "	5,581
11 to 20 "	4,056
21 to 30 "	693

Of individuals revaccinated with effect in the present and former years, there were affected during 1838

with varicella	19
with varioloid	10
with true smallpox	2

It appears, from the preceding statement, that the results of revaccination in the army, during the year 1838, closely resemble those observed in 1837, in both years about 45 in the 100 exhibiting true vesicles running a regular course. The resemblance would have been still greater, but for the circumstance that many men were included who, according to their own account, had been previously revaccinated at their own homes, but who exhibited no marks on their arms; these were almost always among the failures. According to the reports of the medical officers, there were also many cases in which the development and course of the disease were disturbed, chiefly through carelessness on the part of the individuals in allowing the pustules to be broken or otherwise injured.

The opinion formerly pretty prevalent that, failing lymph immediately from the cow, the only proper matter for vaccination is that taken from children with good pocks, has now few supporters among the military surgeons, as they have ascertained by manifold experience that the lymph from well-formed pocks of adults, whether in the first or second vaccination, produces as fine and regularly-proceeding vesicles as that from children. Accordingly, it is the practice of most of the medical officers, only in the commencement of the revaccination to use lymph from children. Many even, like the Wurtemburg vaccinators, give the preference to the latter for communicating the disease to adults.

Inoculation with dry, preserved lymph, was in a great degree ineffectual. In a child vaccinated with lymph of this kind, there appearing no result, it was again vaccinated, eight days later, with fresh lymph from the arm, after which not only all the latter punctures, but also two of the former, took, and exhibited good and regularly-proceeding pocks. In the case of a man of the 6th artillery brigade, the pocks did not appear until six weeks after the inoculation (two on the right and three on the left arm), and their development was accompanied by so much inflammation in the vicinity, and gave rise to so much fever, that it became necessary to remove the patient into the hospital.

In several individuals natural smallpox appeared soon after the vaccination. In two cases this happened before the third day, and in these the vaccination had no result. In two other cases, on the contrary, the modified smallpox (varioloid) appeared when the vaccine vesicles were in perfection, and then they sustained no alteration in their progress.

The whole number of smallpox cases in the army in 1838, was 111; 56 being characterized as varicella, 43 as varioloid, and 12 as true variola; in this number are included the 31 cases formerly mentioned as occurring after successful revaccination. Seven cases of the smallpox were fatal, but no fatal cases occurred among the 31 just mentioned; in all of whom, on the contrary, the disease was mild, and indeed quite insignificant. The greater number of cases of smallpox (as was also the case in former years) took place in recruits shortly after joining the army, and before revaccination could be employed. Some of the older soldiers, however, were also attacked with the disease in some of its forms; for instance, some of the subordinate officers who had been previously revaccinated without effect, or who had entered the army previously to the introduction of the practice of revaccination. Most of the cases of natural smallpox occurred in the 7th division, viz., 37, and for the most part in the garrison of Minden. In the 4th division not a man failed with smallpox, although the troops mixed more or less with the inhabitants of their stations or of the vicinity. This favorable result is principally to be attributed to this circumstance—that in the district of the 4th division the recruits joining the army in the autumn of 1837 were, for the most part, subjected to revaccination immediately on their arrival; whereas, in other cases, it has been customary to put off the revaccination of such recruits, at least in a considerable proportion, until the spring."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 9, 1839.

HALL'S PRACTICE OF MEDICINE.*

Marshall Hall, M.D., a lecturer on the theory and practice of medicine, whose reputation is as extensive almost as the circuit of the English language, is the author of a treatise on the Theory and Practice of Medicine, which is a production of acknowledged merit. Drs. Bigelow and Holmes, of Boston, have revised and enlarged it, with commendable care, and it gives us pleasure to accord to them the meed of praise for their labor. It strikes us, after a patient examination, that no practitioner who has once had this book in his possession would know how to dispense with it. There is a conciseness of description that has rarely been equalled by any other author; and in addition to the advantages arising from the convenience of having an orderly arrangement of diseases, their histories, symptoms and treatment, in the fewest words, those who have pupils will find that the manner in which the American editors have discharged their duties, lays them under manifest obligations.

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* Principles of the Practice of Medicine, by Marshall Hall, M.D., &c. &c. First American edition, revised and enlarged, by Jacob Bigelow, M.D., Professor in Harvard University, &c. and Oliver Wendell Holmes, M.D., Professor in Dartmouth College. Boston: Little & Brown. 8vo., pp. 720.

Part First contains the theory of medicine, divided into chapters. The first is on *medical observation;* the second treats of the *signs or symptoms of disease;* the third, the *causes of disease;* and the fourth is on the *treatment of disease.* Under these appropriate divisions, we have the signs of disease derived from external appearance, and signs derived from the respiratory system. Next percussion, auscultation, voice, succussion, cough, expectoration, &c. Signs derived from the circulating system, the nervous, the digestive, the urinary, generative, and the signs derivable from the effects of remedies.

The editors, or in fact, authors, appear to have wholly prepared the first part—a most excellent and indispensable addition to the original text. Throughout the entire volume, the additions they have made are readily recognized, and form an essential feature in the construction of the American edition.

It may be a novelty to some to have engraved illustrations in a book professedly written on the theory and practice of medicine. The design, however, will meet the approval of all. By an attentive examination of these xylographic pictures, generously interspersed, the young physician, whose opportunities for the study of morbid appearances have been limited, may be able to designate them.

The last chapter, devoted to the consideration of *entozoa*, in which the various kinds of worms investing the cavities and passages of the living body, are most accurately drawn on wood, accompanied by an interesting dissertation, also furnished by the editors, is particularly valuable.

Without doing full justice to the claims of these gentlemen, it would have been unpardonable to have said less. To students of medicine, especially, we recommend this edition, as being superior to any other work extant for them. Without being tedious in detail, or overburdened with descriptions and unnecessary repetitions, or distorted with theories, it presents a rational guide in the cure of diseases, the great object we all have in view.

Medical and Topographical Observations upon the Mediterranean.—An uncommonly interesting book is presented to those who have any disposition to know the things medical in Portugal, Spain, and other countries, by G. R. B. Horner, M.D., surgeon of the U. S. Naval Asylum, which will doubtless be read, also, with marked satisfaction by all who have a taste for travels. We are now in the process of reading it, and in referring to the work hereafter, shall make such extracts as will convince those who have not procured Dr. Horner's Observations, that there is much intellectual pleasure in store for them. Messrs. Haswell, Barrington & Haswell, publishers, of Philadelphia, will please accept our thanks for a copy.

Meeting of the Medical Council.—Agreeably to the requirements of the statute, a quarterly meeting of the Counsellors of the Massachusetts Medical Society was held at the Athenæum, on Wednesday last, October 2d. An elaborate report of the doings of the delegation which met at Worcester on the 10th of July, was ordered to be printed and circulated immediately among the fellows. No delegates were appointed to attend the National Medical Convention at Philadelphia, as many other societies have done. The subject was deferred to the next session of the Council in February, when it will be too late, and Massachusetts will not, therefore, be represented, unless there is a special meeting called. Some minor matters were discussed, and reports made, not, however, particularly interesting to the general reader. The names of those who have lately become fellows would be published were we in possession of the catalogue.

Dwarfs and Giants.—Notwithstanding the commonness of exhibitions in which the freaks of nature, as they are popularly called, constitute the essential attraction, it comes within our province to notice several persons who are now to be seen at Concert Hall, in this city—as the facts in relation to them may be useful to the philosopher or the physiologist. Without attempting to assign a reason for their being either uncommonly short or tall, the whole field is left for the speculation and conjectures of those who are fond of exercising their ingenuity to decypher the physical mysteries of our existence.

First, there are two miniature men, brothers, the one 43 and the other 34 years of age, well proportioned, intelligent, and agreeable in their manners and conversation, weighing only about 45 pounds each. Both have the care-worn expression of approaching age—in reality they are old men. Their parents were of ordinary height and proportions. Three, of several children, were dwarfs ; but all the others were well developed. They are natives of Chester, Mass., where they have always resided till they were persuaded to offer themselves for exhibition. The oldest has six children, not one of them inheriting the miniature fabric of the father.

Secondly, Miss Jones, a highly-gifted young lady, a native of Connecticut, 22 years of age, whose weight is 73 pounds, and whose height is only 43 inches, presents the appearance of a full-grown woman whose limbs have been amputated just below the pelvis. Nothing is wanting in her case but length of the lower extremities, which are scarcely longer than those of an infant. To sustain the weight of the body, the muscles are necessarily enlarged in bulk. Her arms appear a little shorter, perhaps, than exact symmetry requires. No cause has been assigned for this singular condition of a part of her body. No accident ever occurred that could have had a controlling influence over the growth of her limbs. Her parents, as well as her brothers and sisters, are no way singular in their persons.

Thirdly, by way of studied contrast, is Mr. O'Clancy, known familiarly as the Irish giant, who is *seven feet and two inches* tall. He is 29 years old—in good health, and, taken all in all, a fair specimen of humanity. From early life he has labored as a farmer, till he was persuaded to follow the more lucrative, but less laborious business of travelling for gain. Neither of his brothers or sisters were remarkable for height. His father measures 5 feet 8 inches, and his mother 5 feet 9. The whole course of his life, so far as regards exercise and diet, was in all respects like the rest of the family to which he belongs. In the course of his peregrinations in different countries, he says he has seen two men taller than himself. We imagine Mr. Porter, the Kentucky giant, who was on exhibition in Boston, last winter, was one of them. Our impression is that he was not far from 7½ feet high !

In connection with this singular group of the extremes of mankind, we noticed an Albino, whose milk-white hair and tremulous eye-balls—the pupils of which, under certain conditions of light, sparkled like red gems—were no less objects of intense interest.

However much these kinds of sights are the legitimate favorites of the vulgar public, they are especially deserving of the marked attention of the scientific; they are nature's specimens, which are always rare, though her cabinet is extensive.

Dr. Chapin's Uterine Supporter and Lever Truss.—A gentleman who appears to be familiar with the value of these instruments, has left specimens for inspection or trial—and whenever an opportunity presents, we shall not forget to use them. So many devices for aiding the lame, the halt, and the blind, are continually crowded upon the notice of the profession, that it is quite impossible to appreciate the merits of all, at sight. We are necessarily obliged to rely very much upon the judgment and sound discrimination of others in these affairs—and when convinced of the soundness of an opinion, based on the actual experience of a discreet practitioner, we are disposed to make every honest exertion to bring them before the medical public.

John R. Chapin, M.D., of New York, the inventor of the apparatus of which we are speaking, certainly discovers himself to be a man of mechanical ingenuity: the workmanship, too, is faultless—and upon the presumption that those medical gentlemen who have given their names, are fully satisfied of the utility and importance of Dr. Chapin's invention, we urge it upon our friends to begin at once with them—that it may be ascertained whether the relief they afford is imaginary, or really of a permanent character.

Becks' Medical Jurisprudence.—The last number of the British and Foreign Medical Review contains the following favorable notice of the work on Medical Jurisprudence by two of our countrymen.—"This work has been so long before the profession, and has justly acquired so high a character, in Europe as well as in America, that it may seem superfluous to notice it. We are, however, desirous of calling the attention of our younger readers to the best and most complete treatise which is anywhere to be found on this important department of medical science; and we are at the same time glad of the opportunity of offering our tribute of respect to the learned and estimable physicians who are its authors."

Mixtures.—No. 11. R. Mist. ammoniaci, ℥ivss.; vini antim. potassio-tartratis, ʒiv.; tinct. camphor. comp., ℥ss.; syrupi tolutani, ℥i. M. Cochleare unum pro re nata.

No. 12. R. Decoct polygalæ, ʒviij.; tinct. camphor. comp., ℥i.; syrupi zingib., ℥ss.; mucil., ℥i. M.

Married,—In Norwich, Ct., Edward Strong, M.D., of Northampton, Mass., to Miss Lucretia W. Mitchell.—At North Cannan, Ct., Sidney Stillman, M.D., of Honesdale, Penn., to Miss Sophia R. Isham, of the former place.—At Simsbury, Ct., Joseph Palmer, M.D., of Ashford, to Miss Fidelia S. Barber.

Died,—At Billerica, Mass., Dr. Thaddeus Brown, 37.—In Boston, Dr. Jacob Gates, 65.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1839. Septemb.		THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
		Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.			H'st	L'st	
1	Sun.	44	70	66	29.64	29.73	29.71	N W	Fair	43	68	
2	Mon.	52	76	71	29.70	29.74	29.72	N W	Fair	48	74	Aurora borealis.
3	Tues.	54	79	72	29.70	29.71	29.70	S W	Fair	53	77	Brilliant aurora borealis, extend-
4	Wed.	52	77	70	29.65	29.66	29.63	S	Fair	52	76	ing over the whole heavens, ex-
5	Thur.	62	76	70	29.51	29.40	29.34	S E	Rain	60	77	hibiting one of those splendid
6	Frid.	58	78	74	29.33	29.24	29.24	N W	Fair	58	79	celestial phenomena that have
7	Satur.	64	80	62	29.26	29.28	29.30	S W	Fair	63	81	attracted so much attention in
8	Sun.	57	61	60	29.34	28.35	29.31	N E	Cloudy	57	64	modern times. Few have been
9	Mon.	61	79	77	29.15	29.16	29.14	S W	Fair	56	80	more magnificent.
10	Tues.	65	76	69	29.23	29.22	29.22	N W	Fair	63	75	
11	Wed.	50	67	60	29.30	29.28	29.30	N W	Fair	48	68	
12	Thur.	46	63	58	29.38	29.40	29.41	N W	Fair	46	65	Fine season for ripening crops.
13	Frid.	48	59	56	29.40	29.38	29.44	N W	Fair	46	60	High wind, flying clouds.
14	Satur.	45	65	60	29.65	29.72	29.73	N W	Fair	43	61	Very pleasant, aurora borealis.
15	Sun	42	58	62	29.77	29.78	29.68	S W	Fair	41	70	Frost in low grounds.
16	Mon.	54	74	68	29.61	29.58	29.54	S	Fair	54	75	
17	Tues.	58	76	61	29.50	29.48	29.49	S	Fair	57	77	Dense fog. Rain in the night.
18	Wed.	61	74	70	29.30	29.28	29.26	S W	Fair	61	76	
19	Thur.	60	73	68	29.20	29.35	29.40	N W	Fair	59	76	Aurora borealis.
20	Frid.	60	72	68	29.48	29.47	29.47	N W	Fair	55	73	
21	Satur.	54	76	70	29.46	29.52	29.54	N W	Fair	53	76	
22	Sun.	52	78	72	29.46	29.34	29.22	S W	Fair	51	78	Fog. High winds.
23	Mon.	60	68	62	29.09	29.11	29.15	N W	Fair	58	78	
24	Tues.	42	66	62	29.18	29.20	29.20	S W	Fair	41	66	Shower in the evening.
25	Wed.	51	65	56	29.24	29.26	29.20	N W	Fair	49	67	Shower in the night.
26	Thur.	54	54	50	29.03	29.10	29.24	N W	Fair	51	58	
27	Frid.	38	62	60	29.41	29.30	29.23	S W	Fair	36	64	High wind. Shower in the night.
28	Satur.	42	53	49	29.36	29.47	29.48	N W	Fair	39	63	
29	Sun.	39	56	53	29.51	29.55	29.53	S W	Fair	36	58	
30	Mon.	43	53	46	29.68	29.61	29.63	N E	Cloudy	38	53	Rainy afternoon and evening.

The month of September has been one of great uniformity of temperature, extremely pleasant, having an unusual number of fair days, and yet no want of rain. There has been no frost sufficiently severe to injure the crops, or even to kill the tenderest vines. Vegetation has the verdure of June, and the forests have not begun to assume the variety which renders them so beautiful in autumn. The range of the thermometer has been from 36 to 80; barometer, from 29.03 to 29.78.

Whole number of deaths in Boston for the week ending Oct. 5, 38. Males, 22—females, 16. Of consumption, 2—old age, 1—infantile, 3—dysentery, 3—scarlet fever, 7—teething, 2—smallpox, 1—burn, 1—scrofula, 1—dropsy on the brain, 2—throat distemper, 1—jaundice, 1—liver complaint, 1—dropsy, 1—debility, 1—typhous fever, 1—marasmus, 1—lung fever, 1—inflammation of the bowels, 2—drowned, 1—stillborn, 3.

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.
Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

THE course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by - - - - - - - -	JOHN AUGUSTINE SMITH, M.D.
Theory and Practice of Physic, by - - - - - -	JOSEPH M. SMITH, M.D.
Materia Medica and Medical Jurisprudence, by - -	JOHN B. BECK, M.D.
Chemistry and Botany, by - - - - - - -	JOHN TORREY, M.D.
Special and General Anatomy, by - - - - -	ROBERT WATTS, JR., M.D.
Surgery and Surgical and Pathological Anatomy, by -	WILLARD PARKER, M.D.
Obstetrics, by - - - - - - - - - -	JAMES R. MANLEY, M.D.

Fee for the whole course, $108.

New York, *July* 24, 1839.

J. AUGUSTINE SMITH, M.D., *President.*
NICOLL H. DERING, M.D., *Registrar.*

Jy 31—eoptO15

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

FOR the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Ventro-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from $1 50 to $4 00, according to size and finish. To physicians those of men's sizes will be sold at $2, 2 25, 2 50, 2 75, and $3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21— M. R. FLETCHER.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

THE regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL MCCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HUSTON, M.D., Professor of Materia Medica and Pharmacy.
7. JOSEPH PANCOAST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, $15. Graduation fee, $30.

Aug 7—tNI JOHN REVERE, M.D., *Dean of the Faculty.*

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly invented Instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eop1y WILLIAM BROWN.

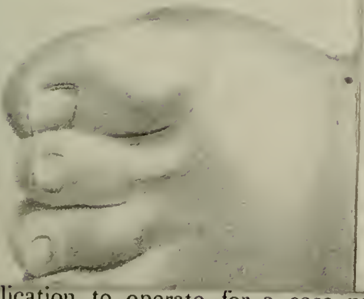
NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.

Oct. 17—1yeop

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.



6 Months after the operat

application to operate for a case precisely similar, produced also by a similar cause. This operation was revived in 1814 by Delpech, who was at that time owner of one of the greatest orthopedic establishments

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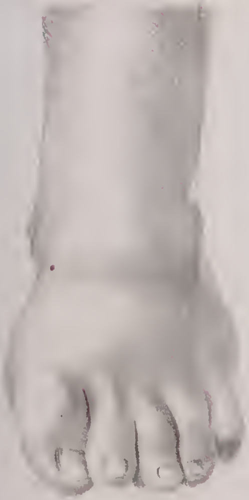

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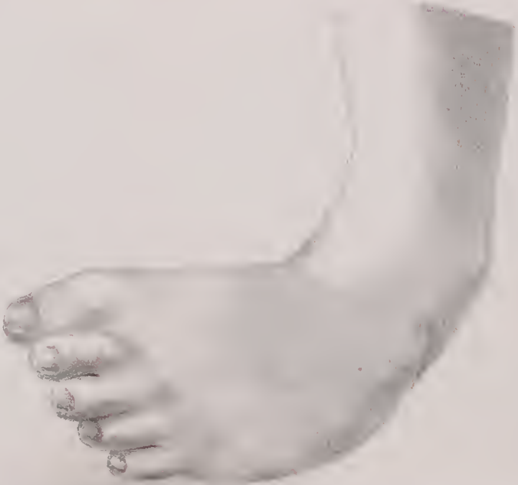

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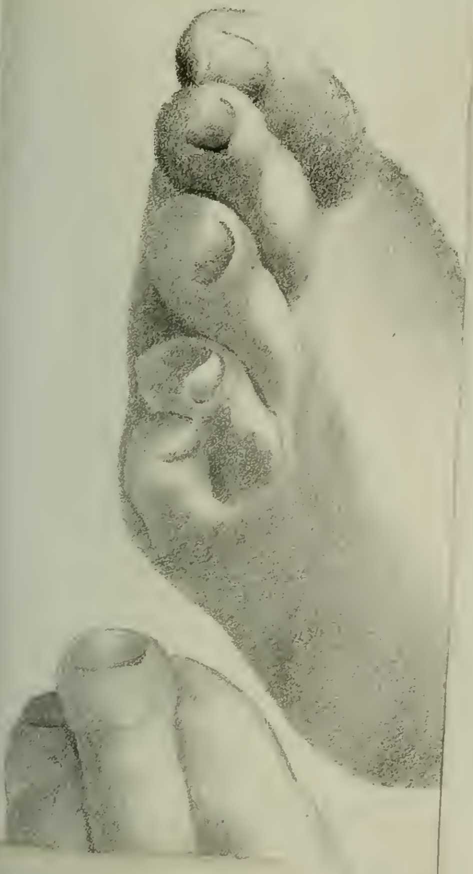

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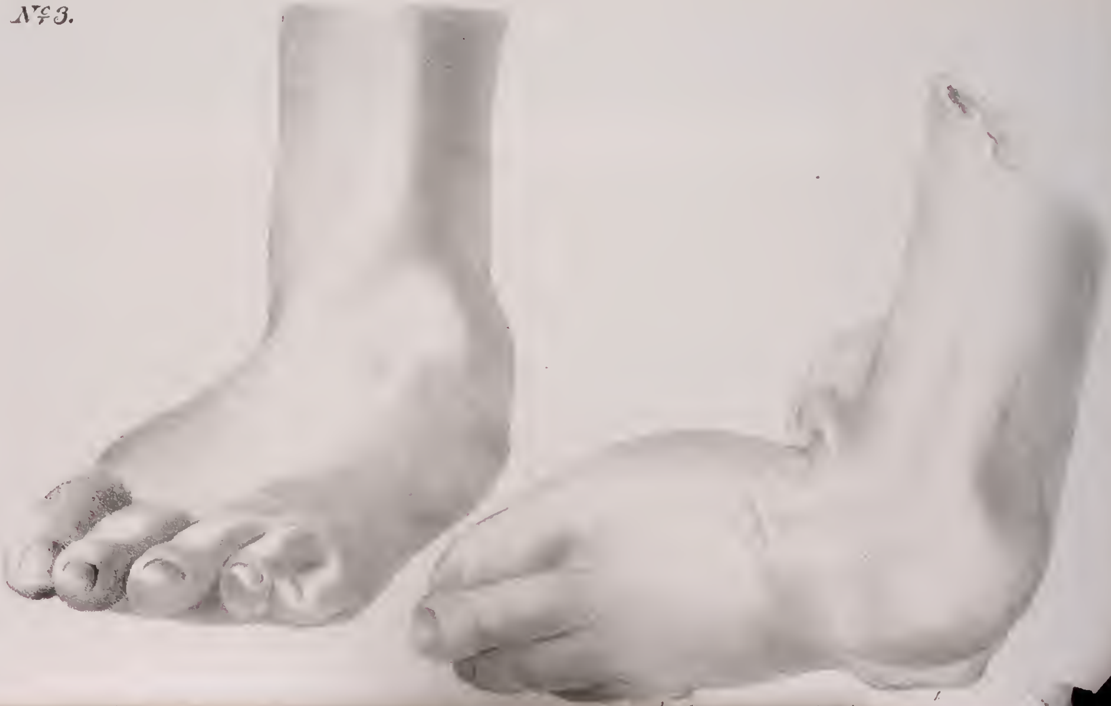

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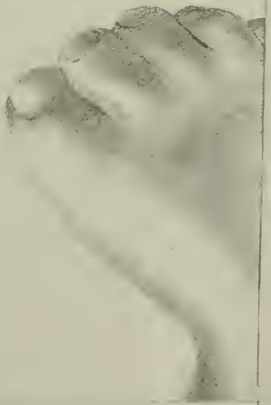

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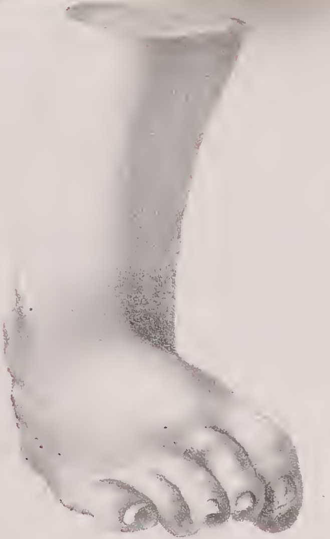

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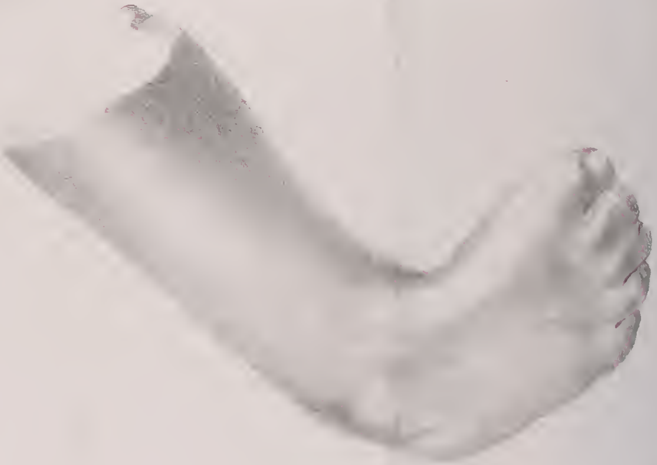

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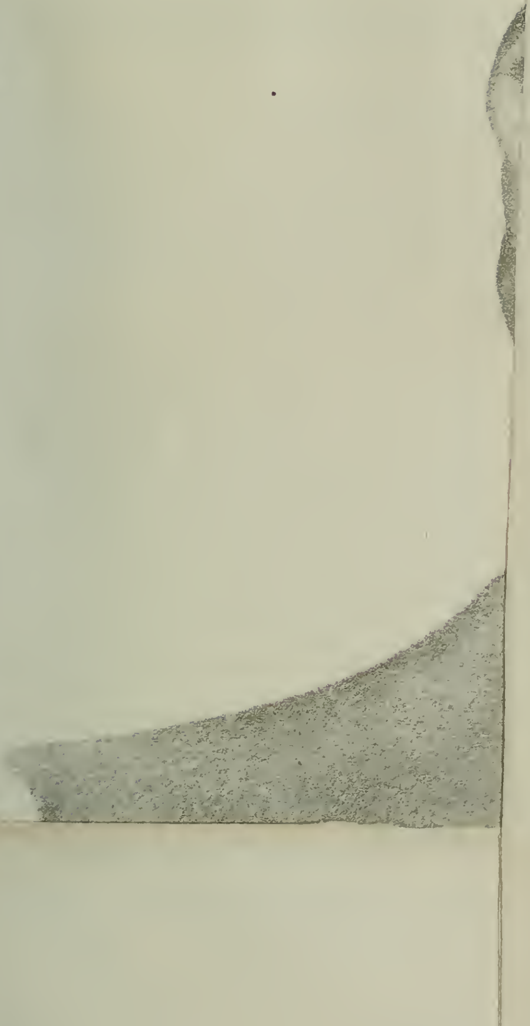

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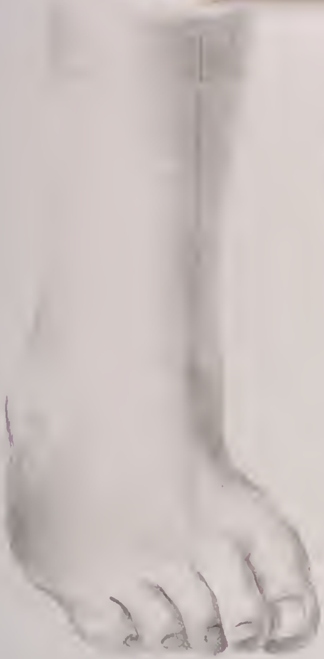

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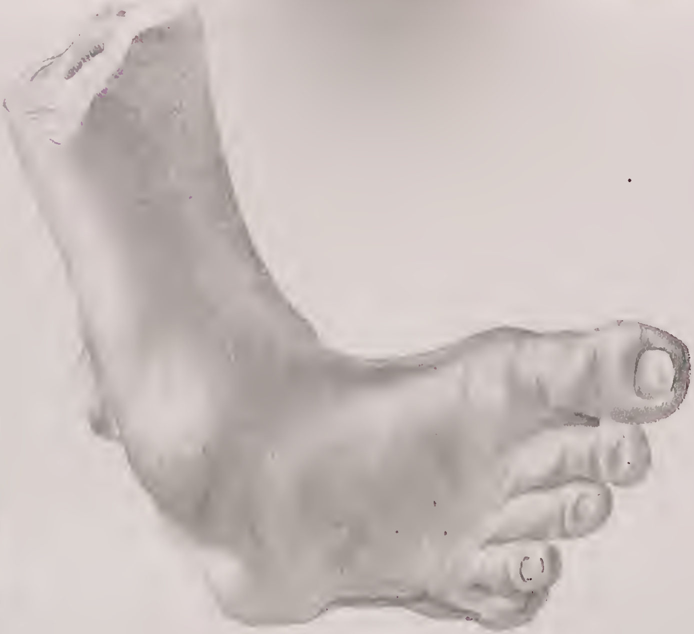

Previous to the operation.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, October 16, 1839. No. 10.

OPERATIONS ON CLUB-FEET.

[WITH FOUR LITHOGRAPHIC PLATES.]

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I send for insertion, in your useful periodical, a description of some of my operations on club-feet. I have not selected the most favorable cases for the purpose of display. They are taken according to date, as they occurred. The expense attending taking casts, and drawings of casts, and engravings from the drawings, has deterred me from doing it as often as I should otherwise have wished. The following may be considered as fair samples of the improvements which have resulted from all my operations upon club-feet. Where both feet have been deformed, I have usually taken casts of only one, and that the one which was the most distorted. Both feet are represented in the first case below.

The operation for improving club-feet and other deformities by dividing the tendons, I consider one of the greatest improvements in modern surgery. Still much caution is necessary, or much harm will be produced. I am convinced, from the experience I have had, that much improvement may be made in distorted limbs by well-adjusted mechanical apparatus. There is fear that the cutting of tendons may be carried to excess. All improvements in the healing art, if favorably brought before the profession, are adopted with enthusiasm. My own opinion is that much discretion is required in this operation, and that tendons ought not to be cut without due consideration. I should never cut a tendon, if by the scientific adjustment of apparatus the limb could be restored to its natural form and symmetry without giving too much pain. The operation of cutting tendons for the improvement of deformed limbs, particularly club-feet, is not of recent origin. It was done in Frankfort, Germany, as early as 1784, by Lorenz. The next operation of dividing the tendo-Achillis, for the improvement of club-feet, of which we have any record, was done in 1811 by Dr. Michaelis, of Morbourg. Sartorius published a case in 1812, where he divided the tendo-Achillis in 1806. This was a case of pes-equinus, not congenital, but acquired, produced by an abscess in the soft part of the leg. I have now an application to operate for a case precisely similar, produced also by a similar cause. This operation was revived in 1814 by Delpech, who was at that time owner of one of the greatest orthopedic establishments in Europe. Delpech was the first operator who avoided dividing across the entire skin, as had been done by all his predecessors. He pointed out the importance of preserving the skin over the tendon.

Stromeyer's first operation of dividing the tendo-Achillis was performed in the year 1831. He was not very successful. His impression was that the two ends of the tendon, after being divided, ought to be kept in contact as near as possible, and he invented an apparatus for this purpose, which bears his name. The fact is, the operation was brought into disgrace by the mistaken notion that the two ends of the tendon, which had been divided, ought to be brought as near in contact as possible. The theory was, that a plastic matter was thrown out from each end (like the oozing of a young sapling which has been cut), which became inspissated, and that it was unsafe to separate the ends of the tendon until this intermediate substance had become sufficiently consistent to be stretched without losing its integrity to each end of the tendon, which had been divided.

M. Bauvier is entitled, I believe, to the credit of first bringing this operation into scientific notice. He found, after repeated experiments upon animals, that from the second to the third day after the section of the tendon, the cellular sheath which surrounded it had become thicker and more consistent than in the natural state—that it was open only on the side where the instrument had penetrated—that it embraced the two extremities of the divided tendon—that its internal surface was ecchymosed, tinged with a deep red in contact with itself and with the tendinous extremities, which had the same color at their surface—that in nine days the band which it formed was solid and adherent to the ends of the tendon which had been divided—that it was of a grayish color and offered no appearance of fibres—that the canal it formed was contracted, and presented no longer any opening—that its walls were in contact, and often empty, sometimes filled with blood partially coagulated—that it was towards the 12th or 13th day the canal began to disappear, and by the 18th it formed a resisting band of the same size as the tendon, and adhered at its extremities; the canal having almost entirely disappeared, the tissue being close, slightly infiltrated by a serous fluid, and beginning to offer a fibrous structure—that on the 24th day, the intermediate substance was like the fibrous tissues, slimmer than the tendon itself, had great force of resistance and adhered to it solidly—that it then offered no trace of the inflammation which had served to produce it—that on the 35th day the intermediate substance was perfectly continuous to the tendon, but could be distinguished from it—and that towards the 76th day, it presented the same appearance as upon another animal, but much more solid.

M. Jules Guerin, director of the orthopedic institution, Paris, coincides, I believe, with M. Bauvier in the above theory. I expect a communication from the former gentleman in a few days, accompanied by the works he has recently published—also drawings of new apparatus for correcting curvatures of the spine. This gentleman has lately performed some new operations on the back in cases of great distortions of the spine. These consist in dividing those tendons and muscles of the back which are the principal agents in forming the curvature. I hope before long to be able to avail myself of his experience. No operation, however, of this kind will be performed unless by the united advice of the consulting surgeons of the Orthopedic Infirmary in Boston, and with the full consent and wish of the patient.

It may be considered somewhat incumbent on me to describe the manner in which I divide tendons for the cure of club-feet. I will therefore simply state, that when I have prepared my patient for the operation, I place him on his stomach upon a bed, with his legs extending over the sides from the knee. I then place myself in a chair between his legs, having one assistant to hold the lower limb firmly, and another to flex the foot. I then operate upon the inside of each foot, by making a puncture through the integuments, flatwise of the instrument, then turning it and dividing the tendon—taking care to withdraw the instrument in the same manner as introduced. After the operation is over, I place a compress on each side of the divided tendon, wet with cold water, and put a bandage round the ankle loosely, but in such a manner as to keep the compresses in place. I then apply my usual apparatus for bringing down the heel and flexing the foot. If this is done at first, it gives no pain, but if omitted for two or three days it gives great pain. The apparatus ought always to be applied at first. I ought to have premised that I usually put over the orifice a strip of adhesive or court plaster, to prevent any oozing of blood. There is, however, seldom much trouble on this account. I suppose, in nine times out of ten where I have operated, there has not been a drop of blood. This is accidental, however, and depends upon hitting some little cutaneous vein. The instrument I use is very small, more like a cataract needle than any other surgical instrument. It is what Bauvier calls a tenotome, or tendon cutter—derived, I suppose, from the Greek words tenon and tomos. Many use a very narrow, straight-edged bistoury for cutting tendons. I do not think this so good an instrument as the above, for several reasons. One is, it cannot be moved about with the same facility as the tenotome, without increasing the opening in the integuments; another is, it is not so safe an instrument; and a third is, that a concave-cutting surface does the work much more conveniently.

There are three general divisions of club-foot, made use of by classic authors; viz., varus, valgus, and pes-equinus or horse-foot. That termed varus, is where the foot is turned in, and the subject of it rests his weight upon the outer part of the foot and external ankle. That termed valgus, is where the part is turned outwards, and the subject of it rests his weight upon the inside of the foot. This kind of club-foot is not so common as that termed varus—is seldom congenital, and is usually acquired from accident, as is also pes-equinus. These general divisions of club-foot are sub-divided into degrees; viz., 1st, 2d and 3d, which indicate the extent of the deviation.

At some future period, with your permission, I shall make your Journal the medium of some further communications upon this subject.

Representation of Cases.

The following description of the case represented in *Plate* No. 1 and 2, is extracted from my note-book.

February 13, 1839.—Julia Ann Goward, of Milton, Mass., came under my care with two club-feet. She is 3½ years old; never has walked. She has little or no use of the left arm. It hangs pendulous from the shoulder, in consequence of an imperfect articulation of that joint. The left arm and left leg are each precisely an inch shorter than the right. Her joints are loose and rickety, and her limbs feeble. Her bodily health appears to be good.

February 21st, at 3 o'clock, P. M., divided the tendo-Achillis in both feet. The ends separated about an inch. The feet came round very well; brought the heels immediately down, agreeably to M. Bauvier's direction. The child appeared to suffer little or nothing from the operation. There was not a drop of blood from the left foot, and only four or five from the right. Drs. J. M. Warren and J. W. Gorham were present; also Mr. J. W. Phelps, machinist. Saw her at 5 o'clock, two hours after the operation. She was sitting quietly upon the sofa, eating her bread and milk. Saw her again at 7 the same evening; she was in bed, asleep. Saw her again at 7 the next morning. She had not been at all uneasy or restless, but had slept quietly the whole night, without waking. No anodyne was given. It seems unnecessary to continue a detailed daily record of the treatment of this case, as it would take up too much room in your Journal, and would be, from its sameness, uninteresting. Suffice it to say, that this child has apparently suffered no inconvenience from the operation or treatment up to this date, March 21st. She stood erect upon the soles of her feet on the 18th, and began to walk on the 36th day after the operation. The drawing of the left foot does not represent the extent of the present state of its improvement. Two casts were taken for the purpose of giving an exact representation, but neither of them were successful. Her present situation may be known from the following letter recently received from her physician at Milton, Dr. Jonathan Ware.

Dr. Brown.—*Dear Sir*—You ask my opinion as to the result of the operation which you performed on Julia Ann Goward, for remedying club-feet. It has certainly exceeded my most sanguine expectations. The little girl, actually unable to stand or support the least weight of her body upon her feet (so great was the deformity), is now, a few months after the operation, able, with the slight assistance derived from a cane, to walk about the house. The operation and applications by which you have been successful in relieving her, I would most earnestly and confidently recommend to the attention of all persons having children similarly afflicted. Respectfully yours,

Milton, Aug. 30, 1839. Jona. Ware.

Plate 3d. The following description of this case is extracted from my note-book.

May 15th, 1839.—Miss Ellen Moreen, of Bath, Me., came under my care. The left foot, in her case, is very much deformed. It is of that class termed varus, of the 3d degree. She was born so. She is now 29 years old. She walks upon the outer ankle and upper part of the foot, upon the os cuboides and the upper side of the metatarsal bones of the little toe, and the one next it; the little toe and the one next it, with their metatarsal bones, being turned under; the little toe and the great toe being in contact on what should be the base of the foot. Her walking in this very unnatural position of the foot is attended with great pain, as must naturally be expected. The places upon which she rests her weight when she walks, are indicated in the above drawing by a kind of artificial heels, formed by a thickening of the integuments upon the outer ankle and upper part of the foot, marked Nos. 1 and 2.

17th.—Divided the tendo-Achillis, or great heel cord—also the tendon of the tibialis anticus, and the tendon of the flexor longus digitorum pedis profundus perforans in the sole of the foot.

18th.—Has had no pain or spasms; slept all night. Gave no opiate.

19th.—Slept well; has had no pain.

23d.—Has gone on very well; has experienced no inconvenience from the operation. Examined the tendo-Achillis; found it had united, and the space between the two ends of the tendon, which had receded a full inch from each other, entirely filled up, so as to form a continuous cord.

June 8th.—Divided the tendon of the long flexor again, and also the aponeurosis plantaris in the sole of the foot.

15th.—Put on a high shoe with instep straps, and an upright steel splint on the inside, and an iron sole with a strap two yards long, so applied as to bring in the ankle, and confine the foot to the sole of the shoe (my usual apparatus being laid aside, as it produced pain). Directed walking daily.

Sept 8th.—It has been unfortunate for Miss M. that owing to the unusual sensitiveness of her foot, she has not been able to bear the apparatus best calculated to correct the deformity. Her improvement, as above described in the drawing, has been in a great measure owing to her resolution—being a young lady of firm mind and fixed determination, she has resolutely kept the foot upon the sole, and persevered in walking as I directed. I will venture to say that in the course of three years no one will readily discover that her foot was ever otherwise than natural.

Plate 4th. Extract from my note-book.

July 9th, 1839.—Miss Ann Frances Randall, daughter of James Randall, of Topsham, Me., came under my care with two club-feet. They are of that class termed varus, of the 3d degree. She is seven years old, and perfectly healthy. She was recommended to apply to me by a gentleman deservedly celebrated, Dr. John Stockbridge, of Bath, Me., who also put under my care Miss Moreen, the patient whose case is above recorded.

10th.—Divided the tendo-Achillis in both feet.

11th.—She has suffered no pain from the operation. The night was extremely hot, and she was rather restless. Gave sol. sulph. magnesia.

12th.—Slept better; has no pain in the feet. For reasons above specified, I shall not continue a detailed daily record of the treatment of this case.

17th.—The feet are doing well—very well; she has suffered no inconvenience from the operation. She has been a little impatient in bearing the application of the apparatus, and has not kept it on so steadily as I could have wished, which has retarded her improvement.

August 7th.—She began to walk this day, without aid or taking hold of anything, which is four weeks from the time of the operation. In five weeks she walked up and down stairs, and in six weeks she walked freely and with ease anywhere. There was then, and still is, Sept. 10, some awkwardness in her gait. The muscles of the leg are brought into new action, and they have not as yet become accustomed to it; but she is daily and rapidly improving, and her feet will soon cease to be a deformity.

My respected friend, John Randall, M.D., of this city, saw the above case previous to its being operated upon, was present at the operation, and has witnessed the progress of improvement. His opinion of the success of the operation, the manner of doing it, and the mode of treatment, is expressed in the following letter which he has had the kindness to send me.

My dear Doctor,—Having lately seen the little girl, for whom you operated in the early part of July, I desire to address you a few lines on the subject of her case, and to thank you for the opportunity afforded me of witnessing the operation. You will probably remember, that a female child, seven or eight years old, was sent you from Topsham, Me., for your examination and advice, and that you were kind enough to invite me to see her with you. She had club-feet of that species denominated varus, and was unable to do better with them, than to hobble a little about the house. Your opinion was in favor of a division of the tendo-Achillis on each side, and the application of certain apparatus. You proceeded to the operation, which was speedily performed, and which appeared to give but little pain to the patient. Not more than three or four drops of blood were lost at the time, and no unpleasant symptoms followed the operation. The little girl appeared cheerful and happy. The apparatus was applied without any inconvenience to the child, and varied from time to time, as circumstances required. I saw her occasionally during her treatment, and witnessed her gradual improvement. Your success has been complete. She now treads naturally upon her feet, turns them out like other children, and walks so well, that I should not know, from common inspection, that she had ever had an infirmity of these members; except from a little clumsiness in the use of muscles, which have long been in a state of disuse, and which she will probably acquire the natural use of by a little practice.

I cannot but think this operation for club-feet a great improvement in modern surgery, and have to thank you for leading the way in this place for its successful cultivation. Having witnessed your success in the above case, I shall not now despair of your ability to overcome greater difficulties and deformities.

I am, dear Sir, very faithfully your friend and humble servant,

Boston, Oct. 1, 1839. J. Randall.

Dr. Brown.—*Dear Sir,*—In compliance with your request, I can state that I have seen a number of cases of club-foot operated on by you, which appeared to be much improved and in a fair way to be cured.

Boston, Oct. 10, 1839.
Your obedient servant,
J. C. Warren.

I have now under treatment a young man, a shoe-maker by trade, 24 years old, with double varus of the third degree. Also a gentleman 30 years of age, a student of divinity at the Theological Institution in Cambridge, with double varus of the third degree. The improvement in the above two cases is not rapid, but gradual and sure. There can be no question but they will have good feet.

Boston, Oct., 1839.
John B. Brown, M.D.

SEVERE INJURY TO THE NOSE.

BY ISAAC G. BRAMAN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

The following case presents some points which may not be uninteresting to many readers of the Journal.

On the 25th of December last, Major J. Nelson, of Georgetown, while driving a spirited horse, was thrown upon some sharp, jagged rocks in the highway. Owing to his position, which was erect, and the rapid rate at which the animal was proceeding, he was unable to make any effective effort to save himself, but received the whole force of the blow upon the face and nose, the latter of which was demolished by one continuous, lacerated wound, extending from under the right eye (a little more than midway between that and the septum nasi) to, and across the root of the nose; from thence downwards, in a somewhat zigzag direction, crushing the bones in its course, to the left angle of the mouth, thus tearing off the nose, so that it hung suspended by the septum and ala nasi over the upper lip. There were also other cuts on and about the face. He was taken up in an insensible state, and conveyed a short distance to his house, and a messenger despatched for me. I arrived about twenty minutes after the accident. The patient made a shocking appearance, the parts being much swollen, contused, and torn in various directions, seeming at first view to render it almost impossible to restore them to their primitive situation—but a short reflection declared the propriety of the attempt, and with the assistance of my friend, Dr. Moody, who was present, I proceeded accordingly.

The wounds were well cleansed with a sponge; the bony fragments removed, and the parts brought closely together and held *in situ* by 30 stitches taken with an extremely small, triangular-pointed needle, armed with fine silk, and the nostrils plugged with dossils of lint. Finally, to make all secure, several small strips of adhesive plaster were placed in convenient positions so as to give support. The patient was bled, and directed for the first few days to confine himself to lemonade and water.

On the 5th day union by the first intention was found generally to have taken place. From that time no untoward circumstance occurred; there was a gradual but sensible amendment; the patient was in two months permitted to walk out of his room, and in four months from the date of the accident he was so far recovered as to be able to attend to his ordinary avocations, which were, however, confined to the superintendence of a manufactory. The improvement in the appearance of his nose has kept pace with his health. A small opening under the left eye, communicating with the nostril, and which was occasioned by the loss of integument, remained for a while, but eventually filled by granulation.

Within a few days I have examined him, and am highly gratified with the result. Although the nose necessarily has somewhat a different view from that which it had formerly, still it is by no means a deformity. A person standing upon his right side would not suspect there had ever been an injury. On the other side, of course, it is rather more apparent, owing to a depression occasioned by the loss of bone; but this is not *now* decidedly bad, and is constantly improving by the intervention of a substance, probably of a cartilaginous nature.

Remarks.—This case is one of interest, as showing the wonderful restorative powers of nature when aided by a *good constitution* and habits of *strict temperance* on the part of the individual. The gentleman in question was a fair illustration of these points. He had, previous to the receipt of the injury, enjoyed firm health, and was thoroughly temperate, not merely in the matter of drinking, but in the utmost signification of the term. For this he has been amply repaid, as we have seen; had it been otherwise with him, the case might have resulted far different.

Georgetown, Mass., Oct. 8, 1839.

NEW APPLICATION OF BELLADONNA.

BY C. S. MAGOUN, M.D., OF MISSISSIPPI.

[Communicated for the Boston Medical and Surgical Journal.]

During the last two or three years quite a number of severe and obstinate cases of difficult or suppressed menstruation have come under medical treatment—cases of long standing, and accompanied by every complication of symptoms that a disturbance of the uterine functions could develope, modified by different temperaments, habits and constitutions. Some of these cases have been permanently relieved by the application of ext. belladonna to the os uteri, in conjunction with other remedies, but where they alone had failed of accomplishing a permanent cure.

This use of belladonna was suggested, by knowing its utility in dilating the os uteri during labor, as recommended by Drs. Chausier, Henne, Conquest, and others; and reflecting on the practice of Mackintosh in dilating the os uteri by means of bougies in suppressed menstruation; and supposing this condition might arise from an undue contraction, or peculiar nervous action in the organ at the time of menstruation, over which this potent article might have some effect. How much, or what, influence it has exerted in those cases where it has been successfully tried, I am not prepared to say, but will leave that to be determined by others, should they feel disposed to give it a trial in similar cases.

I shall mention but one case at this time, the subject of which was thirty years of age; constitution not good; spare habit of body; much disposed to hysterical symptoms, and of a nervous temperament. Has not enjoyed good health since the age of puberty. Uterine functions have been always imperfectly and irregularly performed, causing much pain and suffering. Complaining of much pain and giddiness in the head, weakness and pain in the hips and loins, at times tumefaction and swelling in the hypogastric region. Has menstruated sometimes for two or three days, the secretion being scanty, and sometimes stopping suddenly; in fact, at no time has there been any regularity in the performance of this function. Paroxysms of severe suffering, together with an evident attempt at menstruation, would sometimes occur pretty regularly, varying from three to six weeks, and sometimes being absent for six or eight months without producing any inconvenience.

She was treated with cupping, small abstractions of blood by venesection, emmenagogues, medicated hip bath, &c., for two months, without accomplishing any material or favorable change in her situation. The treatment, such as is mostly recommended by Drs. Eberle and Mackintosh in such cases, was still continued, and the ext. belladonna resorted to twice a week, by being applied to the os uteri in the following manner. Take a female syringe, cut a hole in the rounded end two thirds of its diameter; place in the syringe some softened ext., and when properly adjusted to the part, force out the ext. by forcing down the piston. It was allowed to remain from one to two hours, or till some constitutional symptoms presented themselves, requiring its removal, when injections of warm water, milk and water, or a weak solution of aqua ammon. was used till it was all removed. This course was pursued for about five weeks, when the catamenial discharge occurred, natural in its appearance, and mostly free from all unpleasant symptoms. This course was pursued for two or three months, but gradually omitted as convalescence took place. Since that time, now two years, she has enjoyed good health, and been able to attend to her accustomed avocations.

I ought to remark that the patient had been several times under the treatment of physicians, that the *Thomson* or *steam system* had been perseveringly resorted to, and that all the quack medicines and nostrums recommended, accomplished no favorable change.

Other cases of a similar character have been successfully treated in the same manner, and in one case, of several years' standing, pregnancy has occurred since recovery. I hope, Mr. Editor, through the columns of your periodical, to hear of the successful application of this agent to the cure of the diseases mentioned above, in the hands of the medical profession generally.

Woodville, Mi., Sept. 14, 1839.

STRICTURE OF THE ŒSOPHAGUS.

Dr. Green read, at a late meeting of the New York Medical and Surgical Society, the history of the following case. On the 18th of March last, I was called to see Mrs. A., a lady of this city, aged 62, who had been for many months laboring under a stricture of the œsophagus. She had been, for some time previous, under the care of my friend, Dr. Archelaus G. Smith. The disease had existed nearly two years. At first she complained of a "burning sensation" in the throat, accompanied, at times, with some difficulty in swallowing. For a long time, however, this difficulty was slight; but for two or three months antecedent to the period of my first visit, the patient had only been able to swallow liquids, and those even in the smallest quantities. There was also existing, at this time, a small tumor, situated below the cornu of the os hyoides, on the left side, occupying the space between this bone and the thyroid cartilage. This tumor had existed for many weeks, but of late had been observed by the patient to have increased in size, and along with this enlargement there had been a corresponding increase in the difficulty of swallowing. At times, whole days would pass without the patient being able to swallow a particle of food, either in a solid or liquid state. The consequence was considerable emaciation of the body, but, with the exception of great debility, the general health did not appear to be much impaired.

This was her condition at the time I first saw her. Dr. Smith had succeeded, on several occasions, in passing a small bougie down the œsophagus, and in each instance this operation was followed with an ability to swallow a small amount of liquid food. At this time I passed, with some difficulty, a bougie, about four lines in diameter, and immediately followed it with one two sizes larger. The patient, who had been unable to swallow for nearly twenty-four hours previous, soon after this swallowed some food, and was able to take nourishment, in small quantities, for the two succeeding days. At the end of this period, the largest bougie was again introduced, and this operation was repeated every second or third day during the two following weeks. By this time, not only had the inability to swallow increased, but it became exceedingly difficult to introduce the smallest of the bougies. The tumor which had been observed on the side of the œsophagus had, during this period, considerably enlarged, and had extended down to the cricoid cartilage. Suspecting that the pressure of this tumor upon the top of the œsophagus was operating as an additional hindrance to the passage of food and the bougie, I made an effort to raise it from its bed, by inserting my fingers under its base, and drawing it upwards and backwards towards the mastoid process. I succeeded, and whilst it was held in this position, the patient could swallow better than she had been able to do for several preceding days. Under these circumstances, I proposed to Dr. Smith that we should remove the tumor. He acceded, and the patient herself desiring the operation, the tumor was carefully dissected out on the 22d of April. It appeared to be what we had anticipated, a scirrhous enlargement of one of the lymphatics. A reunion by the first intention followed this operation, and the patient was again able to take nourishment in small quantities. A short time after this operation, another tumor made its appearance on the side of the œsophagus and trachea, about two inches below the cricoid cartilage. This tumor increased in size more rapidly than the first, and it was soon followed by an enlargement of several other of the lymphatics along the side of the neck. About this period the patient lost all power of swallowing, and was in danger of dying from actual starvation.

On the 4th of June, we succeeded in passing through the stricture the smallest tube of Hutchinson's stomach pump, and immediately pumped into the stomach some liquid nourishment. From this time, until her death, we had no difficulty in administering, in a liquid form, by means of this invaluable instrument, all the nourishment that this suffering lady required. But, notwithstanding this, she gradually sunk under the influence of the disease. On the 7th of June she was attacked with severe rigors, which were repeated on the 8th and 9th, and were attended with a diarrhœa, under which she sunk rapidly, and died on the 11th of the present month. A day or two previous to her death, the large tumor had considerably diminished in size, and she was able to swallow, with little difficulty, as long as she lived.

Autopsy.—Assisted by Drs. Smith and Cadwell, I examined the body fourteen hours after death. On making an incision along the side of the larynx and trachea, we found that the parts which had surrounded the removed gland had healed kindly, and were in a healthy condition. The whole chain of glands along the side of the neck were enlarged, and in a scirrhous condition. On cutting into the large tumor, situated over the union of the clavicle and sternum, it was found to be in an ulcerated condition, containing a quantity of bloody serum. A part of its contents had evidently escaped into the surrounding parts, which had caused the decrease in the tumor's size. Its walls were bounded on one side by the trachea and œsophagus. The muscular coat of the latter, and also that of the jugular vein, were already destroyed by the ulcer. Had the patient lived, it must have made its way into the œsophagus in a very short time. A stricture, half an inch in length, was found in the upper part of the œsophagus, and on laying open this tube, its inner or mucous coat was much thickened, for several inches, below the orifice. The stricture itself was found to have arisen from a diseased state of the *muciperous glands*, situated at the upper part of the œsophageal tube. These glands were in a scirrhous condition, and had so much enlarged as nearly to obliterate the passage. The disease had, undoubtedly, originated in these glands; whilst the lymphatics, external to these, had become secondarily affected. Both orifices of the stomach, and the stomach itself, were in a healthy condition. The intestines were examined. In some portions of the smaller intestines, their coats were found to be preternaturally thin, and here and there, patches of inflammation of their mucous coats were found. The liver, the mesenteric glands, the uterus, and its appendages, were all in a healthy condition.—*New York Journal of Medicine and Surgery*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 16, 1839.

REMOVAL OF THE UPPER-JAW, WITH A LARGE PORTION OF THE MALAR BONE.

This very formidable operation was lately performed by Dr. Warren, of this city, for the first time in the United States. The unfortunate patient was a gentleman belonging to Newburyport, about 60 years of age, who for some time had been affected with a fungoid disease in the antrum, of a dreadfully painful kind, which must soon have proved fatal. The tumor was of a sugar-loaf form, occupying the right side of the face, and had forced its way through the cavities pertaining to the maxillary bone. The right eye was compressed and inflamed, and the cavities of the nostril partly filled by the tumor. Of course, the support of the right eye and the right side of the right nostril and palate bones was removed—thus opening the nostril, mouth and orbit into one common cavity. The patient supported this trying operation without a groan, and at its termination said that he would willingly submit again, were it merely to get relief from the intolerable sufferings which he had experienced from the presence of the tumor. He rose from the chair, at the conclusion, and undressed himself before retiring to bed. The wound was closed by the twisted suture, and united by the first intention. In a fortnight he was well enough to leave the chamber and amuse himself with a spy-glass—using the organ which had been partly dissected from its socket in the operation he so lately passed through. The operation took place on the 17th of September, and on the 9th of October the delighted patient, thus almost miraculously saved from a horrible death, was able to leave the house.

Amputation of the Leg.—It is not because this is an operation of rare occurrence that we are induced to give the following case a prominent notice, but simply to show that a race of young surgeons are growing up amongst us, who are deserving of the confidence of the public.

Nine years ago, a young man, residing at South Boston, received an accidental wound from a knife, which penetrated the right femoral artery, from the outside of the thigh. Six weeks after the injury, Dr. Ingalls, senior, tied it. On the healing of the incision, ulcers of a painful character appeared upon the knee. These, after a time, gave way to persevering treatment; but this was no sooner accomplished than the toes and extremity of the foot sphacelated, and the disease crept upward till it reached the os calcis. At the expiration of six months from the first operation on the artery, the foot was necessarily amputated. As far as the stump was concerned, this, too, was successful. Shortly after, phagedenic ulcers broke out on the ankle, which were never entirely healed. These were supposed to have been in consequence of a blow from a ball on the end of the limb while at play. Intense pain supervened—inflammation, and subsequently ulceration. Before this last accident, the patient hobbled about by supporting the knee in a crutch. Soon after the first surgical aid, the superficial veins of the whole limb gradually enlarged, and eventually became enormously distended—the varicose enlargement extending from the groin quite to the foot, their tortuous course being strongly marked. When gently pressed, a thrill or purring was distinctly felt; and by applying the ear, a most vivid bellows sound was recognized. Constitutional disturbance obliged him to discontinue labor, and if possible obtain speedy relief. Amputation was the only alternative, and all who were consulted were decidedly in favor of taking the leg off above the knee, which the patient objected to so firmly, being willing to hazard a second amputation if circumstances required it, that his desire was complied with. At the moment of the incision, which was circular, the quantity of blood that gushed out was immense. There was nothing particularly striking in the process of amputation, though we are bound to say that it was done with adroitness and success. Eight ligatures were required. Thirty-six hours after, the patient was doing well. As the cast-off part is to be injected, we shall know more of the nature of the disease hereafter.

The operator was Dr. William Ingalls, Jr.—the son of a gentleman well known to the profession for his high professional attainments and former devotion to operative surgery. On this occasion it must have been gratifying to the father to witness this beginning of one on whom his mantle is designed to fall; but his satisfaction could not otherwise than have been heightened in seeing the first surgeon in this country, Dr. John C. Warren, present in the capacity of a willing assistant. The manifestation of a disposition in those of the highest professional rank to counsel and assist those who will at some future period be left in possession of the field, is calculated to encourage them, while it elevates the profession in the estimation of the community. In a word, unwavering kindness and courtesy is the true foundation of that harmony which characterizes the medical corps of this metropolis.

Louis on the Yellow Fever.—In the paragraphic notice given two weeks since of the translation made by Dr. Shattuck, Jr., of Boston, of a volume by M. Louis, we accidentally omitted to state that the translation is made directly from the author's manuscript, and not from a French publication. The book will make its first appearance, in the English language, in Boston, although written at Paris. From all we can gather, it will be considered a standard work on yellow fever. If the faculty ever needed a guide in the management of an epidemic of such a formidable character as the yellow fever of the South has manifested itself to possess the present year, it is at this time.

Dr. Fletcher's Truss.—It is extremely gratifying to learn that the invention of Dr. Fletcher is appreciated by surgeons of eminence. The sums paid by those who have purchased the exclusive right to supply this truss in particular districts, is conclusive evidence of the value of the instrument, notwithstanding the multiplicity of trusses on sale throughout the country. It is enough to distract one to decide which is best, out of the hundreds recommended by a host of celebrated names. To come in last, with nothing but the truss itself, unprotected by friends, when Dr. Chase had apparently laid the whole land under contribution—is no small affair; and it shows, too, beyond a question, that merit sometimes has its reward.

Dr. Stith's Address.—When the transactions of the Medical Society of Tennessee were published, the last spring, in which was included the address of F. Stith, M.D., of Franklin, in that State, the author was absent, and had no opportunity, therefore, of superintending the press—the consequence was, a large number of vexatious typographical errors were unfortunately permitted by the proof-reader to get the go-by. It is one of the misfortunes of a writer, that he is sometimes made to think and to say things which actually border upon the ridiculous, perhaps, when he was, in point of fact, in the very midst of an argument that would have elicited the highest commendation, had the expressions appeared as they were intended to stand. Justice requires this apology to be publicly made for Dr. Stith.

Boston Dispensary.—An annual report of the physicians has been made, by which it is ascertained that the whole number of patients who have been under medical treatment, the past year, ending Oct. 1, was 2665. Of that number 315 were born in Boston ; 619 in other parts of America ; 1590 were Irish, or of Irish parentage, and 141 were of other nations. Two thirds of the patients receiving the benefit of this excellent charity, are foreign paupers.

Surgical Instruments.—Such is the success of Mr. Phelps, of Court street, in the manufacture of surgical instruments and apparatus, that we are gratified to make him known to the profession of New England. He makes, mends or improves, according to order, and at a reasonable rate. His cutting edges cannot be excelled by any foreign instrument-maker.

Medical Miscellany.—Dr. Angel, of Lafayette, La., has been committed for trial, charged with the murder of a slave.—From Sept. 1st to Sept. 24th, the deaths at Mobile by yellow fever were 329, in a population of only 2500.—A man is said to be residing in Indiana, who is 120 years old, in fine health.—Three children were bitten by the same snake, a copperhead, in Gibson county, Indiana, lately, and in two hours after, all three were dead.—An attempt was made to assassinate Dr. R. C. Hall, at Rushville, Schuyler Co., Illinois, a few weeks ago : he was shot at with a ball. A reward of $4000 is offered for the detection of the assassin.—The smallpox has been completely circumscribed, and is now under the control of the physicians, in Maine, by an active vaccination.—The latest advices from Bombay state that the cholera is making dreadful ravages in that quarter. Death often supervenes in one hour after the attack ; and to crown the distress, the inhabitants are suffering under a great scarcity of water, most of the wells being dry.—The matter which Dr. Woodward, of Quincy, Mass., sent to us some months ago, taken from a cow, did not succeed in our hands. It is possible that it had been too long exposed to the air before we had an opportunity of inserting it.—The Common Council of Boston have appropriated $10,000 to defray the expenses of the Lunatic Asylum, at South Boston, the ensuing year.—At Peoria, Ill., the sickness is alarming.—Dr. Eberle's truss, of which proper notice will be taken at a more convenient time, is calculated to find friends among the unfortunate.—Dr. H. Frost, of Westmoreland, Virginia, has devised an instrument for determining the course of the wind, which he calls an *anemoscope.*—A new medical school will go into operation at Philadelphia, on Monday, Nov. 4th. More of this hereafter.—Seventy students have already been matriculated at the Albany Medical College.—The health of New Orleans was improving at the last dates.—Dr. Walker has lately performed a remarkable surgical operation at Medford, Mass., the particulars of which we hope to obtain.—Dr. Geo. H. Gay, of Boston, who has been uncommonly successful in constructing metallic palates for the restoration of the voice, has just completed a splendid piece of mechanism for a man who had a cleft in the roof of the mouth. Dr. Harwood has displayed the highest degree of ingenuity and science in the same way, by enabling those to articulate distinctly, who could scarcely be understood before.—Dr. Haynes's supporter, heretofore referred to, is gaining in public estimation exceedingly fast—all the hospitals should be amply supplied.—At Springfield, Vt., an epidemic, the name of which is not given, in the course of a few weeks has carried off between 30 and 40 persons out of a population of 3000.—A destructive fever is prevailing to an alarming extent at Fort Gibson and Towson.—The City Council of Savannah have appropriated $1000 to be distributed amongst the poor and afflicted persons of Augusta, who have survived the yellow fever.—A physician of Massachusetts, whose name is withheld from the public, says report, is writing a work on the diseases of each town in the Commonwealth.—A favorable notice is taken of Dr. Hale's observations on the Typhoid Fever of New England, in the last number of the North American Review.—In several places at the South, where the yellow fever has been alarming, it is now becoming safe for strangers.—The whole number of deaths at Charleston, S. C., the week ending Sept. 29th, by yellow fever, was only four. The whole number of deaths up to that period, by yellow fever, the present season, 125.

Whole number of deaths in Boston for the week ending Oct. 12, 49. Males, 22—females, 27.

Of consumption, 5—scarlet fever, 4—infantile, 2—dropsy on the brain, 4—decline, 1—old age, 3—dropsy on the chest, 1—typhous fever, 5—bowel complaint, 1—hooping cough, 3—disease of the heart, 1—marasmus, 1—inflammation of the bowels, 3—paralysis, 1—teething, 1—suicide, 1—drowned, 1—cholera infantum, 1—throat distemper, 1—lung fever, 2—erysipelas, 1—pleurisy fever, 1—casualty, 1—diarrhœa, 1—delirium tremens, 1—stillborn, 8.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries. John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W, Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

TO PHYSICIANS.

A physician who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid. S 18—tf

SITUATION WANTED.

A physician of experience would like to hear of some location favorable for the practice of his profession. Partnership with some individual who wishes to retire in part from the duties of his profession, would be preferred. Satisfactory reference as to character, professional and moral, will be given. Inquire of the editor; if by mail, post-paid.

Oct. 16—3t

FOR SALE, at this office, the only complete set of the Boston Medical and Surgical Journal which can now be furnished. It may be had either to the end of the 16th Vol., or up to the present time.

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	John C. Warren, M.D.
Chemistry, by	John W. Webster, M.D.
Midwifery and Medical Jurisprudence, by	Walter Channing, M.D.
Materia Medica and Clinical Medicine, by	Jacob Bigelow, M.D.
Principles of Surgery and Clinical Surgery, by	George Hayward, M.D.
Theory and Practice of Physic, by	John Ware, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839. Jy 17—tN

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

WASHINGTON UNIVERSITY OF BALTIMORE.

Medical Department —Session, 1839—1840.

The regular Lectures in this institution will commence on the last Monday of October, and continue to the 1st of March. The Faculty consists of the following professors, in the order of their appointment.

J. H. Miller, M.D., Professor of Anatomy and Physiology.
Sam'l K. Jennings, M.D., Professor of Materia Medica, Therapeutics, and Legal Medicine.
Wm. W. Handy, M.D., Professor of Obstetrics, and Diseases of Women and Children.
John C. S. Monkur, M.D., Professor of Institutes and Practice of Medicine.
Edward Foreman, M.D., Professor of Chemistry.
John R. W. Dunbar, M.D., Professor of Surgery and Surgical Anatomy.
W. R. Handy, Demonstrator of Anatomy.

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Boston, May 15, 1839. 2am6m

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REMARKS ON SOME OF THE MEDICINAL SPRINGS OF VIRGINIA.

BY GEORGE HAYWARD, M.D.

[Read before the Boston Society for Medical Improvement, Sept. 23d, 1839, and communicated for the Boston Medical and Surgical Journal.]

The medicinal springs of Virginia are daily attracting more attention from invalids in all parts of our country. The number that resorts to them is annually increasing, and while many reap advantage from the use of the waters, a few, from an ignorance, perhaps, of their powers, return disappointed and without relief.

It is important that there should be correct information on this subject; that those only should undertake the journey who have a reasonable prospect of benefit; for it cannot be denied that at present it is attended with expense, fatigue, and inconveniences of various kinds, that are very annoying to feeble and infirm persons.

With a view of contributing my mite to this desirable object, I have thrown together, though in some haste, the following remarks. They are the result, in part, of personal observation, made in a recent visit to the springs; but more of inquiry of those whom I met there. They may not be perfectly accurate in all respects, but I believe that they are essentially so, at least in all important particulars.

There are eight principal springs, and I propose to speak of four, which are among the most celebrated of the number, in the order in which I visited them.

Before doing this, it may perhaps be well to say something of the routes which lead to them. There are three principal ones from Baltimore; one by the way of Winchester, another by Washington, and a third by Richmond.

If you take the first, you are conveyed to Winchester, a distance of 110 miles, by railway, passing through Frederick in Maryland, and Harper's Ferry in Virginia; the road, in its whole extent, being through a fertile and interesting country. From Winchester you are conveyed in coaches, and the mail will carry you in two days to the Warm Springs; but if you prefer to take an extra carriage, you will not arrive there so soon by half a day at least. From Winchester to Harrisonburg, 70 miles, the road, through the rich valley of the Shenandoah, is very rough; when that is completed, which is now constructing, and this will no doubt be before the close of another year, a more delightful route can hardly be imagined. The road from Harrisonburg to the springs is very good.

In going by the second route, you are carried to Washington by the railway, thence down the Potomac 60 miles to Potomac Creek, thence nine miles by coach to Fredericksburgh, and thence to Louisa Court House by railway, between 80 and 90 miles. Here you take the stage to Charlottesville, 32 miles, and thence to the Warm Springs, which may be reached in a day from Charlottesville. The travelling on this route is good, excepting the road between Louisa Court House and Charlottesville, which is bad in wet weather, but very tolerable at other times.

The way by Richmond is, perhaps, at present the least fatiguing of any. A steamboat conveys you to that city from Baltimore, and you are carried on a railway to Louisa Court House, thence you pursue the same course as by the Fredericksburgh road.

Going by either of these routes, the Warm Springs are the first that are reached. They are situated on the western side of a mountain of great height, called the Warm Spring Mountain, which is crossed by a road constructed with such skill, that it is passed without fatigue or danger, though it winds along the edge of precipices of fearful height. The temperature of the water, at the Warm Springs, is 96 degrees at all seasons of the year. It is so perfectly pellucid, that it is difficult to realize, when you first look into the spring, that there is any water there, the objects at the bottom are seen with so much distinctness. Bubbles of air are constantly rising to the surface, and these have been ascertained to be principally nitrogen, which, I believe, is by no means uncommon in sulphureous thermal springs. The water is not disagreeable to the taste, or, at least, it was not so to me, except from its temperature. It contains sulphur, magnesia, lime, and various other substances in minute proportions ; but its virtues, I am inclined to think, are owing to its temperature rather than to any medicinal agents combined with it. The sulphur may in some cases have a good effect, for the water is so much impregnated with it as to partake strongly of its odor. The supply of water is very copious. It is received into a room 38 feet in diameter, and is allowed to rise to a depth of five feet when it is intended for the gentlemen to bathe, and four feet for the ladies. After it has been used, the water is drawn off, and the bath filled again in a quarter of an hour. The usual practice at the springs is to bathe twice, or even three times a day, and remain in the water about fifteen minutes each time. It is advised to avoid active exercise while in the bath, and to be rubbed with a coarse cloth immediately on coming out, which office I can say, from experience, is faithfully performed by a black attendant.

It is difficult to conceive of a more delightful bath ; it is almost worth a journey to Virginia to enjoy it. It is not only agreeable at the time, but its effects are in a high degree pleasant, producing no lassitude, but rather imparting vigor to the system. It is usual to take the first bath at 5 o'clock in the morning, and it is then particularly grateful, for the temperature of the air at that hour, even in summer, is not much above 50 degrees.

These springs are principally resorted to by patients afflicted with rheumatism, gout, and paralytic affections, though all classes of invalids who go to the Virginia watering places usually pass a few days at the Warm Springs, if it be only to enjoy the delicious bathing. One patient, a highly cultivated and intelligent man, derived great benefit while I was there, from these baths. He was afflicted with the gout to a distressing degree, which was complicated, also, with an affection of the spine, producing a partial paralysis of the right hand. The effects at the time were perfectly wonderful, but whether they were permanent or not, I am unable to say. He was relieved to a very considerable extent, not only of his lameness, but also of his pain, which at times had been very acute. He bathed constantly twice or three times a day, and remained in the water half an hour each time. He frequently assured me, after bathing, that instead of having any feeling of languor or debility, he was refreshed and invigorated by it.

The Warm Springs will, I doubt not, be found beneficial in most cases of debility in which there is no organic disease, though it is probable that much of the benefit which such patients derive from a visit to them, should be set down to the pure mountain air which they enjoy, their entire change of diet, and total abstinence from stimulating liquors, for none of these are drank at the public tables at the watering places in Virginia.

Five miles beyond the Warm Springs are situated the Hot Springs. They are six in number, varying from 98 to 106 degrees in temperature, which, like that of the Warm Springs, remains the same throughout the year. The water of the Hot Springs contains various substances, as iron, magnesia, soda and lime, carbonic acid gas, nitrogen, which is constantly escaping from it in bubbles, and a minute portion of sulphuretted hydrogen. When taken internally, it is said to act as a diuretic, diaphoretic, and a mild aperient. Whatever difference of opinon there may be as to the power which it is able to exert on the system when taken into the stomach, there can be no doubt of its salutary influence when judiciously used as an external remedy.

The mere fact that the articles which this water contains are not separately of a very powerful kind, is no proof that they may not be capable of acting with great energy on the system, when combined in the laboratory of nature. It is well known to every one at all acquainted with chemical science, that compounds of a very dissimilar character are produced by the combination of the same elements in different proportions, producing substances, in some instances, of far greater activity than either of the articles of which they are composed; and there is, perhaps, no better illustration of this than that offered by the union of oxygen and nitrogen, producing, when combined in one proportion, atmospheric air, nitrous oxyd in another, and nitric acid in a third. Nor are we sure that we are able to detect all the ingredients which these waters contain. The very tests which reveal some of them to us, may have the power of destroying others, and these, too, may be those in which the medicinal properties reside. The remediate properties, then, of mineral waters cannot be determined with any certainty by an analysis, however nicely conducted, but must be ascertained by experience, and this speaks well for those of the waters of the Hot Springs.

They have been found, when taken in combination with the bath, of great use in gout, rheumatism, neuralgic affections, functional diseases of the liver, debility of various kinds, especially that connected with, and consequent on, a derangement of the digestive organs. These springs are owned by Dr. Goode, a very intelligent physician, under whose direction the baths are conducted. By this means, the sweating bath, a remedy of great power, is administered in many instances with the happiest effects, and in all with perfect safety.

The temperature both of the Warm and the Hot Springs, as I have already observed, is uniform at all seasons; and in relation to this point, when speaking of some of the thermal waters of Europe, Professor Daubeny remarks, that "we may be authorized on general grounds to presume, that the temperature of thermal springs, in countries not exposed to present volcanic operations, undergoes no sensible change during a long period of time." It is well known that an earthquake or an eruption of a volcano has often produced a change in the temperature of thermal springs that were even at some distance from the place where these phenomena occurred.

It is, perhaps, not easy to account for the high temperature of the water of thermal springs. By some it has been attributed to the agency of electricity. But this is rather a wild conjecture, than the result of any facts or observations. Various phenomena are regarded on very slight grounds as electrical, partly because we are unable to explain them, and partly because we do not know all the laws of electricity, while at the same time we have ample evidence that it is an agent of tremendous power. Whatever the fact may be, it is certain that there is no proof that it is in any way concerned in the production of the high temperature of thermal waters.

Another theory supposes that the heat of these springs is produced by certain chemical processes going on in the interior of the earth, and that these processes are attended with an absorption of oxygen and a consequent extrication of caloric. While another opinion maintains that the temperature of thermal springs is owing to the central heat of the globe, and that it increases in proportion to the depth from which they proceed. This opinion was supported by Laplace, and is, perhaps, more generally adopted at the present day by scientific men than any other. It is well known* that the temperature of the earth increases as we descend into it about one degree for every hundred feet; and if the increase continues in this proportion, we should arrive at boiling water at a depth of less than three miles.

I am not, however, conversant enough with this subject to offer an opinion on the comparative merits of these theories. It is a point which falls within the province of geology, and the zeal and success with which that science is now pursued may lead us to expect some elucidation of this intricate topic.

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* See a paper by Professor Daubeny in the Sixth Report of the British Association for the Advancement of Science.

The most celebrated of all the Virginia springs, and probably the most powerful, is the White Sulphur, which is 35 miles beyond the Hot Springs, and 6 miles west of the Alleghany Mountains. Though situated in a valley, it is, like all the springs in that neighborhood, in an elevated position, with a delightful climate in summer, and surrounded with mountainous scenery of great beauty. Independently of the benefit that may be derived from the medicinal waters, a better situation for an invalid during the hot season can hardly be imagined. It has the advantage of a salubrious and invigorating air, an agreeable temperature, cool at morning and evening, the thermometer ranging at those periods during the summer, between 50 and 60 degrees, and rarely attaining a greater height than 80 degrees at any part of the day, and an elasticity in the atmosphere that prevents the heat from being at any time oppressive, and enables the invalid to take active exercise in the open air during the day without fatigue.

This spring was known soon after the settlement of that part of the country, which took place about 70 years since. It is said to have been a favorite Moose Lick, and that hunters resorted to it in pursuit of this animal. In this way its medicinal properties first became known; but in consequence of the thinness of the population and the badness of the roads, it has not, till within a few years, been much frequented.

Though the odor and taste of the water, from its being strongly impregnated with sulphur, are disagreeable to most persons on first using it, I noticed that the dogs, that are kept in great numbers at the Springs for the purpose of hunting, seemed to be very partial to it. I was scarcely ever at the spring that I did not see one or more of these animals lapping the water with great apparent relish as it flowed from it.

The water, of which there is an abundant supply, is at a temperature of 60 degrees throughout the year. It is very transparent and slightly sparkling, from the gases which it contains; these are sulphuretted hydrogen, carbonic acid gas, nitrogen and oxygen. Bubbles of air, principally nitrogen, are constantly rising to the surface of the water and escaping from it, in the same way as in the Warm and Hot Springs. Its other contents are lime, magnesia, soda, iron, organic matter and precipitated sulphur. This latter ingredient seems to be very abundant, and a copious deposit of it may be seen at all times at the bottom of the spring, though it is usually cleaned out every few days. From the white appearance of this deposit the spring takes its name.

The water of the White Sulphur Spring no doubt possesses medicinal properties of great power. Multitudes who resort to it annually are benefited by its use, while a few, perhaps, deriving no advantage, are inclined to believe that the water has no remediate powers. But it should be recollected that these waters are not calculated to relieve all cases, and that in those where they might be useful, they may prove mischievous if not judiciously taken. Many persons, immediately on arriving at the springs, drink the water immoderately, and not a few suffer for their rashness. When taken in this way it is said to produce a powerful determination of blood to the head, attended with pain and dizziness, and sometimes followed by severe cerebral symptoms.

Though this water is nauseous to most persons on first drinking it, a relish for it is soon acquired, and in a short time, in most instances, it becomes a favorite beverage. I met with several individuals, in perfect health, who declared to me that they preferred it to any other liquor, and drank it merely as a luxury.

It is said to act on the kidneys, the bowels, the liver, and the skin. As a diuretic, its effects are very soon apparent, but it usually requires some days before it produces a decided action of the bowels. Its operation on the liver, too, is not manifest for some time, and where there is a great torpor of this organ, some auxiliary means may at first be required. Its effect on the skin is very apparent, though not immediate; after drinking the water a few weeks the perspiration becomes strongly impregnated with sulphur.

The use of this water is no doubt beneficial in a variety of affections, and I am inclined to believe that it will be found signally useful in those functional derangements of the digestive organs, which are so common, and at the same time so unmanageable, especially when they are connected with disturbance of the liver, or a torpid state of the bowels. The whole tribe of dyspeptics, if their trouble be not the effect of organic disease, may resort, with a well-grounded expectation of relief, to these healing waters.

Another numerous class of patients, known under the very common, but not very significant name of bilious, is said to find, very often, relief from them. Many persons of this description come to the springs from the south and south west, whose constitutions have been shattered by the diseases incident to the climate, and they almost invariably derive benefit from a residence there. In such individuals there is, hardly without exception, some derangement of the biliary secretion, consequent very often on intermittents and other fevers of the country.

Chronic rheumatism is a disease from which relief is, in very many instances, obtained by a resort to this spring. In this case great advantage is derived from the external as well as internal use of the waters, and for this purpose an excellent bathing house has this year been erected, with every convenience for using the bath in every form and at any temperature that may be desired.

Cutaneous eruptions of various kinds are frequently removed by a similar management.

Many of the distressing symptoms, which are by no means the unusual attendants of chronic affections of the urinary organs, are in many cases alleviated, and in some entirely removed, by a judicious use of the White Sulphur Water.

There are other maladies over which, it is said, it exerts a favorable control. But it is unnecessary to enumerate them, partly because I cannot speak from personal knowledge, and partly because I suspect that in some of them the advocates of the springs may have exaggerated the virtues of the water.

But of this much I feel confident, that these springs will, in a majority of cases, be useful not only in those diseases which I have named, but also to that numerous class of patients who are affected with debility connected with functional derangement, or that which is consequent on previous disease, or excess and imprudence in living. All persons who resort to the White Sulphur Spring for the purpose of health, would do well to consult Dr. Moorman, the resident physician, who is well qualified to advise as to the mode of using the waters and the cases to which they are adapted. They will find him to be an intelligent and well-educated physician.

The Sweet Springs are 17 miles from the White Sulphur by the road, but not more than half that distance in a straight line, as the road winds gradually over the mountains, and thus avoids the steep and precipitous ascents which would be unavoidable if it crossed them in the nearest direction. The temperature of the water is 76 degrees, and is the same at all seasons. It is very abundant, and is situated in one of the most beautiful mountain valleys of that region. It contains a large quantity of gas, particularly the carbonic acid gas, and this imparts to it a sparkling and agreeable taste. In what way it obtained the name of sweet, I cannot learn; it certainly does not deserve it, for it is decidedly acidulous. It contains lime, magnesia, soda, iron, &c., but in what quantities I do not know. An analysis of all these waters has recently been made by Professor Rodgers, of the University of Virginia, and it is understood that the result of his investigations will soon be given to the public.

The water of the Sweet Springs, when taken internally, is not supposed to possess medicinal properties equal to that of some of the other springs; but in combination with the bath, it is found useful in many diseases, as rheumatism, paralytic affections, and general debility. It has also been extolled in dyspepsia, and in that countless tribe of maladies which follow in its train. It is certainly a very agreeable bath, pleasant while you are in it, and followed by a delightful glow as soon as you come out.

There are four other springs, of greater or less degree of celebrity, which I did not visit; these are the Blue, Salt, Grey, and Red Sulphur. The two first are said to resemble very closely the White Sulphur, having the same properties, though in less degree. The Grey Sulphur has been extolled for dyspeptic affections, and the Red Sulphur for its beneficial effects in pulmonary diseases. But having no personal knowledge of any of them, I do not feel that I could offer anything that would be worth your attention.

ESCAPE OF WORMS AT THE NAVEL.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I send you the particulars of the following case, hoping, if you should choose to publish it, I might obtain information in regard to similar cases from some of the gentlemen who patronize the Journal, and whose skill and experience might have brought them in contact with something similar.

Some time in November, 1838, I was called upon to prescribe for a child about two years old, who had an ulceration of the umbilicus, which was of some weeks' standing, and which soon healed up, but shortly broke out again. As often as it healed it broke out, which was quite a number of times during the winter and spring. Some time in July past, the child complained of something biting, and on being examined, the head of a large lumbrici was found protruding from the ulcer in the umbilicus, and from which place seventeen large lumbrici have since been discharged. The child appears to be in good health.

Fairville, N. Y., Oct. 9, 1839. C. G. Pomeroy, M.D.

THE EFFECTS OF THE HUMAN MILK ON THE CHILD, DURING MENSTRUATION.

BY E. WILKINSON, CUMBERLAND, ENG.

As the function of menstruation, and the effects of a morbid and an unhealthy condition of it on the female constitution, are now pretty well understood by the profession, it would be needless to discuss them here, were it not that I consider that one effect of menstruation has not hitherto obtained that grave consideration with medical men which its practical importance seems to demand. Having frequently observed that human milk has a decidedly laxative effect on the child during the period of menstruation, I am led to conclude that it may not only prove injurious to the offspring at the time, but that it may also frequently be the means of laying the foundation of other infantile diseases. It is a fact now pretty well ascertained that whenever the mother's constitution is impaired (or even only slightly influenced) by either mental or physical causes, during the period of lactation, the secretion of milk is changed in quality, and a morbid effect is consequently produced on the constitution of the child from the physical changes it is supposed to have undergone. My attention was particularly directed to the consideration of this subject a short time ago, on observing a child of my own very much laxed from the cause here alluded, as may be inferred from the subsequent account. On inquiry, I ascertained that not only this child, but also my two other children, had been similarly affected whenever the mother menstruated during lactation. The stools which this child had were exactly like those of a suckling calf laboring under diarrhœa, both as regards color, consistence and smell. As to the appearance and color of the stools, they presented that of a liquid mixture of chalk and ipecacuanha. They appeared to consist of a small portion of excrementitious matter dissolved (and as if well triturated) in a large proportion of serous fluid. The fœtor of them was excessive and almost intolerable, and, as I thought, not dissimilar to that of the menstrual secretion itself. The youngest child had the breast until he was nineteen months old, and the mother menstruated regularly during the last seven months. She also menstruated regularly from the first month after her two first accouchments during the whole period of lactation. M. Donné has ascertained that human milk is a fluid holding in solution lactic sugar, salts, a small quantity of fatty matter, and of caseum; and, in suspension, a number of globules composed of butter, which are of various sizes, and soluble in ether. The first milk, or colostrum, contains, in addition, particular bodies, which M. Donné designates "granular;" these latter do not disappear entirely before the end of the first month after delivery; they sometimes, however, continue beyond that time. M. Retzius, it would appear, has discovered free phosphoric and lactic acids in the *menstrual blood;* the acids hold the coloring matter in solution. Although I am no great advocate for medical theory and hypothesis, yet it is probable that according to the recent discoveries of the composition of the human milk by Donné, and of the menstrual blood by Retzius, the former may be deprived of a considerable portion of its nutritive ingredients, and surcharged with saline matter; hence its purgative effect on the child. If this is really the condition of the milk during the menstrual period, it is evident that it will not only produce diarrhœa and nervous irritation, but that it will likewise prove defective in nutriment, and thus it may, indirectly as it were, lay the foundation for various infantile diseases. If, therefore, the precise condition and composition of the lacteal secretion during menstruation could be ascertained, we might then perhaps discover the means of preventing its morbid influence on the constitution of the child, provided it does actually produce such an effect upon it at the period. Until, however, this be accomplished, we must rest contented with our present knowledge of this important and interesting subject.—*Lancet.*

EMPYEMA AND REMARKABLE FISTULA OF THE CHEST.

Frederick Wetzel, aged 19 years, a miner in the Black Forest, Germany, since his tenth year had always been well, excepting that he had frequent epistaxis.

On the 25th of April, 1834, he was attacked by pleuro-pneumonia, for which local and general bleedings were employed, blisters, nitre, calomel, and, finally, acetate of ammonia and tartarized antimony. The symptoms diminished, but after some days the breathing became more difficult, the pains returned in the left side of the chest from time to time, the cough recurred, the expectoration was purulent, his strength fell, he had hectic fever, night sweats, frequent shiverings, a dull weight on the left side, deep respiration excited cough, and decubitus on the right side produced access of suffocation.

Infusion of senega root, digitalis, quinine, decoction of Iceland moss, yellow sulphuret of antimony, Dover's powder, and Seidlitz water, did not ameliorate the condition of the patient. In about eight days more the right cavity of the chest was considerably prominent, œgophony was manifested, the respiratory *bruit* was null, and percussion elicited a dull sound. The cellular tissue of that side of the chest became œdematous, as also did the left foot.

On the 21st of June, between the 5th and 7th ribs, there appeared a tumor of the size of a man's fist, adherent, and completely fluctuating. An opening made in it with a lancet produced two pints and a half of a thick and fœtid pus. The patient, previously threatened with suffocation, was immediately relieved. At each dressing, which was renewed daily, there issued about a pound of pus. The quantity diminished, little by little, as the pus could not flow freely, while it became yet more fœtid.

Some weeks after this a fresh fluctuation appeared, between the 7th and 8th ribs, and new opening was made, sufficiently large to liberate the pus freely. A sound introduced into the cavity formed by a pseudomembrane *passed inwards and from before backwards*, to a depth of six inches. The sac was abundantly capacious. Care was taken to sustain the patient by tonics, and to evacuate the cavity always by means of lukewarm injections of camomile tea. In 1835 and 1836 it was sought in vain to heal the opening by means of myrrh, decoction of quinine, salicine, oak-bark and madder-root. During the three years that the fistula remained open, it was impossible to prevent the entrance of air, which, however, had no other inconvenient effect than that of rendering the respiration more difficult. The pus which issued at this time seldom exceeded two tablespoonfuls in quantity. Very serious hæmorrhages within the purulent cavity threatened life on many occasions in August and December, 1836, and June, September and December, 1837. These appeared to have supplanted the epistaxis to which the patient had been subject. The quantity of blackish fluid and coagulated blood sometimes reached a pint and a half. On stopping the mouth of the fistula, the blood occasioned severe oppression, and even cough, with sanguineous expectoration. As soon as the issue was re-established these symptoms ceased.

From time to time the patient is troubled with abdominal symptoms, which a purgative removes. He has often, also, palpitations of the heart; the urine is then diminished, and the hands and feet are œdematous. Digitalis always disperses these symptoms. At present, as during the preceding summer, the patient feels very well, attends to his domestic duties, and even walks nearly three quarters of a mile at a time.—*Medicinische Annalen.*

MORTALITY AND SICKNESS IN GREAT BRITAIN.

A "Statistical Account of the British Empire," by J. R. Macculloch, Esq., has lately been published. The 7th chapter, by Wm. Farr, Esq., on "Vital Statistics," is peculiarly interesting to the medical reader. The following is an extract:

"The physiological changes in the human body indicate that it was framed to continue in healthy action 70 or 80 years; yet owing to hereditary weakness, or a vicious tendency, and the imperfect adaptation of parts of the external world to its organization, a certain number of every generation fall sick, and of these a certain number die at all ages; in such a ratio, however, that from birth to the age of puberty the sickness and mortality decline; while from puberty they increase slowly, in a geometrical progression, up to the 50th or 60th year, and then more rapidly to the end. In comparing, therefore, the sanatory state of different nations, it is not enough to know the absolute mortality or sickness to which they are subject; as experience has proved that these may be nearly the same, yet, from their bearing differently on the periods of childhood, manhood or old age, have a very different effect on the national strength and resources.

"From observations to which we shall again have occasion to recur, it appears that in manhood, when 1 person to 100 dies annually, 2 are constantly sick; and although this exact relation is, perhaps, not preserved in infancy and old age, or where the rate of mortality deviates much from the standard, it may be safely assumed as a near approximation to the truth. Admitting, then, that the annual mortality is 2.13 per cent., after the corected returns, and that the population of England and Wales is 14,000,000, the total number constantly disabled by sickness will amount to 600,000 persons; and if the same proportion be extended to Scotland and Ireland, to 1,130,000. This reduces the efficient population of the empire 1-24th part; and the productive power, so far as it depends on human labor, 1-18th part, if the maintenance and attendance of the sick cost half the produce of their labor in health; an example will show how it would be erroneous to suppose that two populations, in which the same absolute proportion of sick existed, suffered, consequently, to an equal extent. A third part of the registered deaths occur below 5 years of age, yet the mortality in England has latterly (1813–30) not been more than 49.7 per 1000 at this early age; in Sweden it was (1755–75) 90.1 per 1000; and it is probable that at the same period the mortality of infants in England was not a great deal lower than in Sweden; so that, if sickness have diminished at the same rate, the proportion of infants constantly ill is not half so great as it was a century ago. But children being entirely helpless, and in no way contributing to the nation's actual strength, a diminution of sickness among them, however desirable, adds little immediately to national power and happiness, compared with an improvement in the health of adults, between the ages of 15 and 60 years, such as has been observed in London since the 16th century, when the destructive epidemics ceased.

"The magnitude of the subject, and the fact that more than a million of the inhabitants of the United Kingdom are disabled by disease and suffering, it is of less importance than the consideration that their condition may be ameliorated to an immeasurable extent. In one class of English counties the mortality of males below 5 years of age is still 81.9 per 1000, in others 41.9; and between the ages of 15 and 60 it varies from 11.0 to 19.0; implying a difference of 16 per 1000 in the sickness; so that, if the health of the entire 13½ millions, now between the ages of 15 and 60, in these islands, were as good as that enjoyed by the inhabitants of some counties, the numbers constantly sick would not be so numerous by 554,000, as if the standard of health were reduced to that obtaining in the more insalubrious districts. In the one case, the mean number sick would be 773,300; in the other, 1,336,000. Whether it be possible or not to raise the standard of health to the height enjoyed in the former counties, or to one still higher, the importance of the subject recommends it to a careful experimental investigation; because, when the character and causes of our diseases are known, some provision may be made for their alleviation; the extent of the injuries which they inflict upon the public will be determined; and the standard of salubrity, indicating an increase or diminution of physical strength, will afford the best index of prosperity of the nation, and of the extent to which it is affected by atmospherical, political, or economical influences."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 23, 1839.

DISEASES OF THE EARLY SETTLERS OF OHIO.

We continue our extracts from Dr. Hildreth's Address before the late Medical Convention of Ohio.

"When the Ohio Company first took possession of the country along the borders of the Ohio and Muskingum rivers, the whole face of the earth was covered with a thick growth of forest trees, which defended it from the sultry heats of summer, and moderated the rigors of winter. Yet, from the history of our climate as detailed in the former part of this discourse, we may suppose they suffered occasionally from the diseases common to both the tropical and the arctic regions. They were sometimes attacked with malignant remittents in the summer, and pneumonias and pleurisies in the winter, but no serious epidemics appeared until partial openings had been made in the primeval forests, and the wet, low grounds exposed to the action of a summer sun. Half-business in cultivating and civilizing a country, is like half-way work in every other affair, often productive of evil. Accordingly we find that a partially cultivated region is more sickly than one which is either totally covered with forests, or in a state of complete redemption. The partially evaporated waters and reeking shores of the swamps, exhale a sickly malaria which the morning fogs and the noon-day breezes waft to the cabin of the new settler, and his humble but cheerful hearth is soon clouded with sickness, sorrow, and pain. The hunters and wild borderers who preceded the actual settler, generally suffered much less from sickness. Their cabins were placed immediately on the banks of some river or creek. Since the first settlement of the country many of the disorders have changed their type and character. From the year 1788, the period of the first improvements in Ohio, to the year 1807, the date of the first great epidemic, a large proportion of the diseases originated in exposures to wet, cold, hunger, and fatigue, and were generally of an inflammatory type, such as rheumatisms, pleurisies, pneumonias, scarlatina and smallpox. Ophthalmias were also common. For the first nine years the inhabitants made but little progress in clearing their land of the huge forest trees which covered the rich alluvion on the Ohio and Muskingum rivers. The greater portion of their time and strength was occupied in building stockaded garrisons and block-houses, and watching the movements of the Indians. Sometimes their lives were in danger from famine, and at others from the rifle and tomahawk of the savage.

In the spring and summer of the year 1790, the inhabitants of Washington County suffered severely from want of wholesome food. Very little land had as yet been cleared, and a severe and untimely frost in September of the preceding year, having destroyed or greatly damaged the crops of corn on the Monongahela, where they chiefly looked for their bread stuff, the settlements were on the brink of being ruined and broken up. The Indian war began the following year, and they still continued to suffer from want of food. The savages killed and drove away many of their cattle; and, continually watching in the vicinity of their garrisons, prevented the hunters from obtaining a supply of venison, which at that day were more numerous than the domestic cattle at this. In this season of want, I have heard some of our present inhabitants, who were then children, relate with what anxiety they watched from day to day the tardy growth of the corn, beans and squashes, and with what rapture they partook of the first meal prepared from vegetables of their own raising,

In this period of time, viz., from 1790 to 1795, while confined in their garrisons, the settlements at Belleprie suffered much from smallpox and scarlatina. Of the latter disease many children died. Some families lost three or four. It was of a malignant character and very fatal. The smallpox was rendered in a manner harmless by inoculation. Fevers of the remitting type were rarely seen, so long as the country was wholly covered with forests.

" Some of the young females had become so habituated to danger that nothing pleased them better than a sudden alarm that the Indians were about to attack them, as the confusion and bustle of such a crisis gave a different train to their thoughts, and a relief to the sameness of a garrison life. This volatility of spirits, I have no doubt, preserved the early inhabitants from many attacks of disease and death. The leaders of the colonists were generally officers and soldiers who had served during the revolutionary war, familiar with danger and the structure of the human mind.

" *Malignant Fever at Galliopolis in the year* 1796.—This town was settled by a company of emigrants from France, in the year 1790. They had bought and paid for lands in their own country, from Joel Barlow, the agent of the ' *Scioto Land Company*,' which, failing to close its contract with the Congress of the United States for a large tract of wilderness lying between the Scioto river and that of the Ohio Company's purchase, could not fulfil the agreement with these men; and they were left in a strange land, without a home, and without the means of purchasing one, as their journey and payments to the Scioto Company had exhausted their money. With want, disappointment, and the Indians to contend with for several years, sickness and death would naturally fall upon them. During the Indian war, which broke out on their arrival, they were confined to their garrison and could do but little towards clearing the lands on which they had been permitted to settle. Within the bounds of their village were numerous small ponds of water and wet low grounds, partially cleared and covered with weeds and decaying wood from the fallen trees. In the summer of 1796 a bilious remitting fever broke out, which prostrated nearly the entire population and caused a number of deaths. Amongst them was a cousin of the writer of this address, who had early visited the West and was engaged in the fur-trade.

" Andrew Ellicot, a celebrated engineer and surveyor, in a voyage down the Ohio river, landed there in November of that year. The following extract from his journal is copied from the fourth volume of the Medical Repository, and is the only account of this sickness which I have been able to procure:

" 'Arrived at Galliopolis about 11 o'clock in the morning. The village is a few miles below the mouth of the Great Kenhaway, on the west side of the Ohio river, and situated on a high bank. It is inhabited by a number of miserable French families. Many of the inhabitants this season fell victims to the *yellow fever*. The mortal cases were generally attended with *black vomiting*. This disorder certainly originated in the town, and in all probability from an ususual quantity of animal and vegetable putrefaction in a number of small ponds and marshes within the village.' "

Subsequent extracts from this record of diseases from the first settlement of the State of Ohio, down to the present year, will be introduced as opportunity presents.

Omental Hernia from a recent Accident.—A young man, by the name of Bailey, 16 years of age, while hunting partridges in Medford, about 5 weeks since, in the act of leaping over a stone wall, fell upon the right side and struck upon a sharp stump of a small tree, which penetrated the skin a little above the superior anterior spinous process of the ilium, and pursuing its course obliquely upwards and inwards passed under the edge of the rectus muscle, and entered the abdomen near the navel. The external opening was about 1½ inch in extent, while the opening through the tendinous sheath of the rectus and the peritoneum was equal to 3½ inches. The wound was followed by a protrusion of the omentum in a lacerated state, and found covered with gun powder, which had been in a glass bottle in his pocket, that was broken in the fall. Dr. Gregg, of Medford, was first called, and in about 5 hours, Dr. Walker, of Charlestown. After cleansing the parts of powder as well as could be done, they were returned into the abdomen, the patient treated on antiphlogistic principles, and we are happy to say has recovered without any unpleasant symptoms occurring.

Western Journal of Medicine and Surgery.—Messrs. Prentice & Weissinger, of Louisville, Ky., will publish the first number of a new medical periodical, the first day of January next. Drs. Drake and Rives, of Cincinnati, the publishing committee of the *Western* Journal of the Medical and Physical Sciences, have issued a circular to their old subscribers, in which they are notified, according to custom, that they are made over, bag and baggage, to the owners of the forthcoming Journal. The Louisville Magazine is to come out monthly, in eighty-four pages—no price mentioned—but it is officially announced that it will be conducted by the Professors of the Louisville Medical Institute. It is certainly very encouraging to have such literary and scientific power concentrated at a single point—but that very circumstance convinces us that it will not become remarkable for its longevity. Two editors connected with the same work, invariably involve themselves, and all who are concerned with them, in difficulty—losing both patronage and money; if there are more than two, the catastrophe comes the sooner.

Medical Miscellany.—M. Bournichet, a physician, has informed the Royal Academy of Sciences, at Paris, that he has discovered a certain cure for hydrophobia—of which he is so certain, that he offers to be bitten by a rabid dog in presence of the members, for the purpose of testing the efficacy of the remedy.—Sickness has prevailed at Opelousas, the cause of which was imputed to a long-continued drought.—The public health at New Orleans is now supposed to be improving; still, the deaths by yellow fever are numerous.—At Augusta, Georgia, the health of the city is also improving. From August 18th, the day on which the first death took place by yellow fever, to October 10th, 212 persons have died. It is a memorable fact that a woman, Mary Elbert, who had lived through the vicissitudes of 96 years, was carried off by this pestilence, which nothing can resist.—Mr. Espy is going to England to lecture on meteorology.—Dr. William Wilson has been appointed Physician and Superintendent of the Bloomingdale Asylum for the Insane, in place of Dr. Benjamin Ogden.—Professor R. M. Huston, of the Jefferson Medical College, Philadelphia, is transferred from the chair of Materia Medica to that of Midwifery—and Materia Medica is annexed to Dr. Dunglison's chair.—A Pathological Society was recently organized at Philadelphia, of which Dr. W. W. Gerhard is President.

MARRIED,—In this city, Augustine C. Taft, M.D., of Uxbridge, Ms., to Miss Deborah M. Taylor; J. W. Warren, M.D., to Miss M. M. Robinson; Amos Bancroft, M.D., of Groton, Mass., to Miss Eliza Doane, of Boston.—At Saco, Me., Albert Bartlett, M.D., of Claremont, N. H., to Miss Susan Ann Calef.

DIED,—At Gloucester, Mass., Dr. Henry Prentiss, 40.—At Watertown, N. C., Dr. J. G. Brehon, 29.

Whole number of deaths in Boston for the week ending Oct. 19, 38. Males, 22—females, 16.

Of consumption, 1—scarlet fever, 4—old age, 2—disease of the brain, 1—smallpox, 1—inflammation of the brain, 1—infantile, 3—diarrhœa, 1—teething, 1—lung fever, 2—croup, 2—fits, 1—hæmoptysis, 1—disease in the head, 1—scald, 1—inflammation of the bowels, 1—dropsy on the brain, 1—dysentery, 2—cancer in the breast, 1—hæmorrhage, 2—brain fever, 1—stoppage in the stomach, 2—apoplexy, 2—canker, 1—jaundice, 1—stillborn, 3.

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by - - - - - -	JOHN C. WARREN, M.D.
Chemistry, by - - - - - - - - - - -	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by - - - - - -	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by - - - - - -	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by - - - -	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by - - - - - - - -	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, *July* 10, 1839. Jy 17—tN

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

THE regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL MCCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HUSTON, M.D., Professor of Materia Medica and Pharmacy.
7. JOSEPH PANCOAST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, $15. Graduation fee, $30.

Aug 7—tN1 JOHN REVERE, M.D., *Dean of the Faculty.*

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

N offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McCleland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, $10.

June 12—1y

SITUATION WANTED.

A PHYSICIAN of experience would like to hear of some location favorable for the practice of his profession. Partnership with some individual who wishes to retire in part from the duties of his profession, would be preferred. Satisfactory reference as to character, professional and moral, will be given. Inquire of the editor; if by mail, post-paid.

Oct. 16—3t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, October 30, 1839. No. 12.

VACCINATION AND SMALLPOX IN SIAM.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—The vaccine virus which you were very kind to send under date of July 3d, 1837, was not received until some time in May, 1838. Of course the long interval from the time it was taken to the time it arrived, rendered it little better than hopeless to attempt to produce the vaccine disease with it. However, I determined to spare no pains or experiments in trying to introduce the great boon into this country, and therefore called together some dozen or more children, and inserted the matter in their arms, in various ways. I think I repeated the experiment but it was all in vain. Since then I have made experiments with other parcels of vaccine virus, sent from Canton and Singapore, which likewise failed. Dr. Parker, of Canton, sent me a parcel of the virus last January, which is the cool season here. From the time of taking it till I began to experiment upon it, was only about six weeks. It being so recent, the season being cool, and the matter being prepared for the voyage in various ways, and with great care, I could not but entertain sanguine hopes that I might be allowed to effect the complete introduction of the kinepox into Siam. The matter was sent in the form of a scab, in a sealed phial, immersed in water—on plates of glass protected from the air and light by means of bees-wax, and on very fine linen, which was thoroughly charged with it—sealed up in a small phial, and this immersed in a larger phial of water. At Dr. Parker's suggestion, Dr. Tracy and myself cut off small pieces of this linen, and inserted it deeply within the texture of the true skin. The puncture was so free, that the blood escaped to the amount of several drops; when it had ceased to ooze out, the wound was wiped nearly dry, and the linen crowded in with the point of a quill tooth-pick. Some we vaccinated by a slight puncture between the cuticle and true skin, and some we scarified. In these different modes we vaccinated several different companies of children, at different times. Three, and only three, of those in whom we inserted the linen, had sores. These looked somewhat like the vaccine sore. Although there were many spurious appearances about them, we judged it wise to take the matter and try its effects upon other individuals. Many were thus vaccinated, and nearly all had sores in consequence; but they all arose as soon as the 2d day, and were perfectly suppurated as soon as the 3d day. The sores were far more like little festers than like the vaccine pustule. At length I inoculated some half dozen or more whose sores had appeared the best, and they all took the smallpox. So the work was ended.

It is impossible to determine why it is that Siam so successfully resists the blessings of vaccina. If the virus which Dr. Parker last sent me was genuine (and he is confident that it was), I cannot imagine why it failed of producing the true pustule in Bangkok. I can hardly hope ever to obtain any from abroad that shall be more fresh than that. I should have said that the scab and the matter on the plates of glass did not in one instance produce a sore, and some 40 or 50 persons had it inserted in their arms. I am informed by Dr. Richardson, of Maulmein, who is now in Bangkok on an embassy, that vaccina was introduced into Burmah with very great difficulty, and that as yet it has been found impossible to preserve it good for more than two or three months, when it loses entirely its prophylactic powers, and produces much confusion and much loss of confidence in the true vaccine virus. The same is true at Pinamy, Malacca and Singapore. It has been introduced at all these places ; but very little dependence can be placed upon it. These facts open a field for medical philanthropists to investigate. Had I time I should engage in it with all my heart. I am not willing yet to indulge the despairing thought that the many millions of human beings inhabiting Southeastern Asia can never enjoy in full the blessing of vaccination. I believe the present barrier to it may be discovered and removed by human agency. I would earnestly invite the attention of the medical faculty in my beloved America to this deeply interesting subject.

Although my letter is already long, I cannot forbear to inform you of the introduction of inoculation with the smallpox in Siam within the last five months. The smallpox made its appearance in the neighborhood of the Baptist Mission in this place about the first of November, 1838. It annually appears more abundantly during the months of November, December, January, February and March. It came so near to the families of my brethren that it was judged prudent to inoculate all their children and households, which Mr. Jones did with perfect success. Soon after the smallpox appeared in the neighborhood of the A. B. C. F. Missions in Bangkok, which induced us to look to God for special direction and aid. The result was, a full conviction that it was our duty to inoculate our children ; for none of them had been vaccinated to any purpose, except one who was vaccinated in Singapore. Accordingly I inoculated them all, and several Siamese inmates of our families. All, excepting one or two Siamese, took it, and passed through the different periods of the disease with very little sickness. The Prakklang, the Minister of Foreign Affairs, heard of the result, and sent to me to learn more definitely about the science of inoculation. We answered all his inquiries. Soon the tidings of our successful inoculation reached the king's ear. He despatched to me several of his first physicians to investigate the subject. I taught them with much pleasure. Quickly his Majesty ordered several of his personal physicians to seek a number of boys who had not had the smallpox, and bring them to me for inoculation, that he might have an ocular demonstration of what he had heard. The physicians were obedient to the command, and came to me many times, bringing different companies of lads, all of whom I inoculated, with the most desirable success. Just about this time, I wrote a short treatise on vaccination and inoculation, expressly for the king, and presented it to him through the Prakklang. Not many days after this, on the 4th of January, the Prakklang sent for me to visit him, when at his earnest request I inoculated 6 of his small children, 3 grand-children, and 3 concubines. Thus did this high officer evince unshaken confidence in this plan, and was heartily willing that the smallpox (than which no disease is more terrible among the Siamese) should be inserted into 12 persons in his own family, no less dear to him than the families of American parents. What American parent would have exhibited more real greatness under similar circumstances? He had seen the result of inoculation in a few, and had read my treatise, and was thus prepared to seek refuge in inoculation from the scourge that threatened his family. On the 9th day of the same month, the Prakklang requested me to inoculate some 15 or 20 other little ones in his house. On the following day, his brother Pysipipat summoned me to inoculate in his family. About this time our mission published a treatise on vaccination and inoculation, designed especially for the physicians of Siam. The work was speedily in great demand. The king took measures to send copies of it into several distant provinces of his kingdom, and had an appendix written for it by his brother, whose title is Father of Doctors. The object of this appendix was to specify particularly what medicines of this country might be employed in difficult cases of the inoculated smallpox. It pleased the Lord to grant me perfect success in the families of the Prakklang and his brother. Almost every person inoculated took the disease, and had it with remarkable ease; and yet with sufficient of the symptoms of the smallpox to leave no room to doubt that it was genuine. After this I was summoned to inoculate in the families of the princes, nobles, rulers and people, almost daily for weeks. The king's physicians came to me often to perfect their skill in the art. They were fond of addressing me as their preceptor. They strongly urged me to prepare other medical works, particularly on midwifery. In the month of January there were about 1500 persons inoculated by the royal physicians, besides thousands, probably, by the people's physicians, and only one death was known to have occurred from among them all. Very few indeed had more than a hundred or two hundred pox. The great majority of the cases had less than one hundred pustules. The king himself was not backward in having his own children inoculated. He was delighted with the results of this mode of relief, and was very liberal in his praises of the American doctors, who had introduced the great blessing into his dominions. This was for many weeks the all-engrossing topic of conversation. It was said by many good judges that this means alone would save annually hundreds of lives in Bangkok, and that if inoculation should be continued a few years this country would overflow with inhabitants. It is said that his Majesty had his physicians inoculate without money and without price, to follow our example. Indeed he gave money to the poor who were not able to purchase medicines, and paid most liberally for good smallpox virus, that he might encourage parents to puncture the pustules of their fearful children, and thus remove one obstacle to inoculation among this puerile people. The king and people's physicians continued to inoculate during the month of February. Among the thousands inoculated that month, there were a few deaths. The weather had become hotter; the cool season was ending; and it is probable that the physicians ventured to allow their patients to eat with little fear. As the months of March, April and May would be dry and hot, I advised that inoculation should be suspended until another cool season. The physicians have very generally complied with this advice.

I cannot but consider the success of this effort in inoculation as very remarkable. Dr. Richardson, who was long the civil physician and surgeon of the English settlement at Maulmein, in Burmah, but is now the English Ambassador to Bangkok, informs me that inoculation is almost their only relief in smallpox in Burmah, but that it is always attended with great danger and much loss of life. I know not to what natural causes to attribute our wonderful success. One thing is evident, and ought ever to be gratefully acknowledged, viz., that the special blessing of God has been most signally stamped upon it. Here is another subject for the study of the medical faculty. Let them pry into it with much enthusiasm. I will endeavor to stand ready to answer any questions they may see fit to propound to me. I shall be happy to contribute my mite to promote a profession which I must ever greatly respect.

I remain, dear Sir, yours truly,
Bangkok (Siam), March 12, 1839. D. B. Bradley.

THE POPULAR STUDY OF ANATOMY AND PHYSIOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—The address from which the following extracts are taken was delivered by a young physician of this State, to a crowded audience; and although there may be nothing new here to the professional reader, it will, perhaps, be some gratification to a portion of your readers to know that our backwoodsmen take no little interest in anatomy and physiology.

———, *Illinois, Aug.* 25*th*, 1839.

Extracts from an unpublished Address on the Popular Study of Anatomy and Physiology, by a Physician of Illinois.

I come now to the period to which I have alluded in a former part of this address—a period when an electric shock appears to have been given to science in its widest domain; the reign of the Newtonian philosophy.

The influence exerted upon physiological science by the labors of Sir Isaac Newton was of a two-fold character. 1. He placed physics in their proper place. 2. He showed, by a process of reasoning, similar to the Baconian philosophy, the true nature of cause and effect applied to the phenomena of the material universe. Thus he exhibited, in an indirect manner, the true spirit of physiology, showed wherein it harmonized with physical science, and within what limits each should be confined. The universe was the field for his mighty genius, and the economy thereof he closely studied. By his investigations of the laws governing inorganic bodies, he pointed out to the scientific world that inanimate matter was controlled by an economy entirely distinct from that possessed by bodies endowed with vitality. Previous to his time physicians were ever laboring to explain the functions of the living body upon principles entirely physical; but now that the relation of physical cause and effect was so clearly elucidated, they began to see their error. From this period they commenced a more profound investigation of the economy of animate creation: they saw that man was an animal of wonderful construction, whose body was governed by a principle passing wonderful; that the phenomena exhibited in every living function were effects too powerful to be brought about by the feeble causes for which their forefathers had contended; and, adopting the logic of the Newtonian school, they proceeded link by link in the great chain of cause and effect, until, at the present day, physiology takes its rank among the certain sciences.

But although physics should be studied as a distinct science, a knowledge of its application to physiology is of the deepest value. A nice relation exists between the two, but the line of demarcation should ever be kept in view.

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Reciprocal influence is a fundamental principle in the economy of the universe, and is most strikingly exhibited in the animal and vegetable kingdoms. Vegetables form a great portion of the food of animals, and their destruction by the latter is one great means of their preservation, for were they allowed to grow without retrenchment, the surfeit which would ensue would render them unfruitful.

Animals are ultimately dependent upon vegetables for their subsistence. It is evident, then, that these materials must, in the course of time, become limited and their use restricted, that they may be replenished and their perpetuity preserved. How is this to be effected? The substance of one animal must be employed for the use of another. "Hence has the ordinance been issued to a large portion of the animal world, that they are to maintain themselves by preying upon other animals, either consuming their substance when already dead, or depriving them of life in order to prolong their own. Such is the command given to the countless hosts of living beings which people the vast expanse of ocean—to the unnumbered tribes of insects which every spot of earth discloses—the great number of the feathered race,"[*] and to man.[†]

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[*] Roget—Bridgewater Treatise.

[†] May we not derive an argument from this provision of nature against the theory that man is a phytivorous animal. Were this theory true, it would seem to me necessary to change, in a considerable degree, the present economy of the animal and vegetable kingdoms. The present destruction of vegetables by phytivorous animals of every species, seems to be exactly sufficient for their growth and nourishment; and were the habits of so large a species as the Bimana (extending, as it does, all over the world) to become so completely changed as to abandon the use of animal and live solely on vegetable diet, consequences would ensue which would unquestionably present a sad disorder of the harmony and uniformity of nature's laws. The vegetable world would suffer a demolition inconsistent with the office assigned it by the Deity—and animals of inferior grade to man, those who are entirely

This brings me to speak of the popular utility of anatomy and physiology.

Strange as it may seem to my audience, it is a truth incontrovertible, that almost every pursuit of the human mind has more or less connection with these branches of natural science. The divine, who assumes the high, arduous and responsible office of directing man in the path which leads to future bliss, should acquaint himself with the laws of the human system and the laws of all organized bodies. The jurist, who defends the rights of man from innovation, and upon whose sound and extensive knowledge often depends the life of a fellow being, cannot discharge the important duties of his station without a knowledge of these same laws.

The professional teacher, to whose charge is committed the education of youth—he who may be deemed the guardian of our civil rights—should, without question, possess the same important information.

Communities, who desire health and prosperity, and the establishment of a standard of sound medical acquisition, would find vast advantage in learning the structure and functions of the human body. Finally, a nation which would enjoy entire prosperity should establish means for the dissemination of such valuable knowledge.

Allow me to dwell separately upon these propositions. First, of a knowledge of anatomy and physiology to the divine. It is admitted by every competent mind that nothing is so well calculated to convince the unbelieving mind of the existence and high attributes of the Deity, as a display of his power, wisdom and goodness as exhibited in his works of creation. This department of knowledge has been very aptly styled *natural theology.*

The animal and vegetable kingdoms form, perhaps, the most splendid subjects of reflection to controvert the views of the atheist and the infidel. "Behold the busy theatre of animated existence, where scenes of wonder and enchantment are displayed in endless variety around us; where life in its ever varied forms meets the eye in every region to which our researches can extend; and where every element and every clime is peopled by multitudinous races of sensitive beings, who have received from the bounteous hand of their Creator the gift of their existence and the means of enjoyment."—*Roget.*

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And how vastly important is it that they, whose province it is to teach man the ways of so benevolent a being, should learn the structure of the noblest of his works, the laws which keep this structure in the performance of its functions, and the adaptation to the same of the world and the variety of material objects.

Second: of a knowledge of anatomy and physiology to the jurist. I will add to what I have already said, that no one can be an accomplished lawyer without an acquaintance with these branches. And why? Go, if you please, to our courts of justice and witness a trial for murder. Cast your eye upon one being in the assembly, whose life

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phytivorous in their nature, must be deprived in no little degree of their natural food, both by the increase of their numbers (the natural result of the change in man), and the immoderate destruction of their food by our species.

life hangs, as it were, upon the wisdom of his counsel. Hear the evidence of his guilt, and that of his innocence. Hear the counsel's defence for his client. Does he stand in no need of anatomy? Has he no use whatever of physiology? Does he attempt to impress upon the minds of the jury that the nature of the injuries found upon the body of the deceased were not such as could induce death? Does he show that the location of a single mark of injury is such that no violence could have been done a vital organ? Can he demonstrate, to that collection of twelve plain, common-sense men, the relation which the organs of the body sustain to each other; or can he show that the injury of one will create the disorder of another? Perhaps suspicions have been excited that the deceased has been poisoned. Is the counsel for the accused ignorant of the action of poisons on the human body? Would he know how to superintend an examination to this end after death? Perhaps the criminal in the box is a mother, arraigned in court to answer for the murder of her infant babe. She may be guilty, and deserve the punishment of the law; but she may be as guiltless as an angel—as innocent as her babe. And how is the truth to be known? Doubt must hang over the minds of all, and no one is justified in expressing a decided conviction unless the body of the infant has been rigidly examined. Let us suppose that in all the cases mentioned the accused were innocent. Where would rest their fate with such counsel as I have described? The trial is over—the judge has charged the jury—the jury have retired and returned—their verdict is handed to the court—the tear of sympathy now starts from many an eye—suspense hangs heavy upon many a heart—now it is over, and the piercing, heart-rending outcry of grief is heard as the awful sentence of *Death* is pronounced upon the head of the unoffending. But stay. Let your imagination dwell for a moment longer upon the scene. Behold in that assembly a person of commanding appearance arise and address the court. He gazes with an eye of solicitude upon all around him, and commands a breathless silence. He seems about to make a long and powerful effort in behalf of his fellow being, but his words are few, simple and effective. He shows to the clear conviction of his audience that the prisoner has not been justly dealt with—that the testimony of physicians has been omitted, and that a new trial should be granted as early as possible. His motion is carried without discussion, and the poor criminal has yet a chance for his life.

Time elapses. The temple of justice is again thrown open—the same criminal is arraigned—that man of intellectual mien appears, as his counsel—medical testimony is made full and ample—the jury is addressed in arguments unanswerable—the trial closes—the jury confer—and the verdict returned to the court is read in the hearing of all present—" Not guilty."

Of a Knowledge of these Branches to the Professional Teacher.— * * * * * * * Philosophers have told us much of the entity and immateriality of the mind, but never did mankind entertain just views of this subject until an enlightened physiology declared to them the functions of an organ which attains its highest development in man

—the brain. That the brain and nervous system are the bonds of union between the spiritual and physical, no rational man can doubt; and speculate as we may upon the immaterial character of the mind, it is utterly impossible to conceive of its existence without the existence of the brain; and until we learn the relation which the latter sustains to the whole body, we can never clearly comprehend the fundamental principles of mental science.

Mistake me not for a materialist. I am contending for a doctrine which has its foundation in the constitution of man—a doctrine that must abide so long as nature herself preserves her uniformity; and could I but urge upon the instructer of youth the necessity of studying those branches which would at once convince him of its truth—could I persuade him that by a step of this kind, he would prepare himself infinitely better for imparting instruction, and at the same time for instructing youth in branches calculated to facilitate their studies, and improve the powers of their minds, I should ever feel proud of my effort.

I proceed to consider my third proposition. "Communities who desire health and prosperity, and the establishment of a standard of sound medical acquisition, would find vast advantage in learning the structure and functions of the human body."

As we advance from a natural to a civilized state, and from this to refinement and luxury, disease increases in its varied forms and complex character. The rude Indian of the forest breathes the balmy air of his native abode, partakes of his simple repast, and rarely lays the sickened head to rest. Not so with the man whom education and refinement have placed in the high circles of life. He lives upon the products of a richly cultivated land, feeds at the banquet board, "looks upon the wine when it is red within the cup," conforms to fashion, and would fain cheat nature of her office. But she will not be deceived, and when artful man infringes upon her rights, he suffers the penalty of sickness. Since, then, disease is our natural companion, how vastly important is it to preserve, as far as possible, the health of communities.

The proposition just announced consists of two clauses. The first intimates the value of the possession of means calculated to preserve health and prevent disease; the second, the duty of every good citizen to supplant empiricism. Upon these I shall dwell separately.

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Of Dress.— * * * * * * * I shall close my remarks on dress by a brief allusion to a custom of the young ladies of fashionable life. What object in the walks of social life can elicit greater admiration than the playful, innocent and intelligent girl of thirteen? Free from any restriction which fashion imposes, she enjoys an enviable independence—the delight of all her friends. She goes about in the flower forest and culls a rich bouquet from the native sweets of the earth. In the early spring morn she is out upon the green hills, sporting with the wind, and catching the fragrance of the flower-scented breeze. Time moves along; and the sportive girl becomes the young lady of "just seventeen." In woods and hills and flowers, and the air of heaven, she no longer takes delight, and few, if any, of her former amusements are congenial to her spirits. Where is she to be seen? In the parlor, a *contracted beauty* (?) sitting like a marble statue—or in the ball-room moving in the dance, panting for breath, or swooning away gracefully upon the sofa. Time passes by, and she becomes a female exquisite. The refreshing air of the spring morning is too keen for her delicate nerves; a romp over the hills would prostrate her feeble frame. She slumbers till 10 in the forenoon, sips coffee at 11, and ventures into the parlor at 12. She allows a half hour to a visiter daily, and sends to the rest who would enjoy her company, the unwelcome message, "not at home." A few months pass over her head and she becomes a complete victim of fashion—an old acquaintance of fainting spells—not an entire stranger to periodical headache and bad coughs—and with palpitation of the heart and asthma she is quite familiar. And what is the secret of the whole? Doubtless I am anticipated. Let me, then, ask when shall the use of these instruments of suicide, the corset and stays, be abandoned? Not, I fear, until mothers and daughters learn that the chest contains important organs of life, which have a most intimate connection with every organ of the body, and that they cannot safely endure the compression of hoops and staves; not until they can discern that the injury thus sustained by the brain and nervous system impairs the faculties of a mind which might have been an ornament to our age and country.

ON VARICOCELE, AND ESPECIALLY ON THE RADICAL CURE OF THAT AFFECTION.

BY H. LANDOUZY.

Sixty persons out of every 100 are affected with varicocele. Hence the necessity of studying this disease. The term varicocele, as usually employed, includes the two terms varicocele and circocele, the first of which implies an abnormal enlargement of the veins of the scrotum; the last, of those of the spermatic cord, testicle and epididymis. Varicocele never occurs without circocele, and, in fact, always forms a consequence of it. The term varicocele is employed in preference to that of circocele, and is understood to mean a dilatation of the veins of the scrotum and cord. The age at which it most frequently begins is from 10 to 30. Of 45 cases, 10 of which are reported by others, and 35 occurred in the practice of Landouzy himself, 13 were individuals between 9 and 15 years of age; 29 between 15 and 25; and 3 between 25 and 35.

The anatomical conditions which dispose to the frequent occurrence of varicocele are the depending position and great length of the spermatic veins; the weakness of their parietes; the absence of valves; and, especially, the changes in respect to volume, which they are constantly undergoing. We may add to these, the pressure of a column of blood reaching from the second dorsal vertebra to the testicle, and occasional impediments offered by the inguinal canal. The disease is more frequent on the left than on the right side. It is, indeed, extremely rare on the right side, and almost never occurs only on that side. In 8 out of 17 cases, the veins of the right side were enlarged simultaneously with those of the left, but to a much less degree. It is very rarely necessary to operate on the right side. Out of 120 operations performed by M. Breschet, one only was on the right side. The chief reasons which have been assigned for the greater frequency of varicocele on the left than on the right side, are the following. 1. The right spermatic veins open into the vena cava in a direction parallel to the axis of that vessel, while the left open into the left emulgent vein at right angles to the current of blood which flows through it. 2. The greater length of the left spermatic vein. 3. The pressure of the contents of the sigmoid flexure of the colon. With regard to this last cause, Landouzy observes that only 1 out of 17 patients was affected by constipation. Amongst the occasional causes of varicocele may be mentioned, all those which either prevent the return of blood to the heart, or determine it in large quantity to the organs of generation. These need not be particularized. There seems to be no close connection between varix and varicocele. Of 15 cases of varicocele, 1 only was affected with varices, and of 20 persons who had varicose veins in the lower extremities, no single one had varicocele. The symptoms of this disease are slight at first, and its existence is usually discovered by accident. There is a feeling of weight in the testicle, perineum and loins, and an unusual twitching in the course of the cord; the scrotum is long, pendant and soft, and increases rapidly in volume under the influence of heat or fatigue. The patient carries the hand, at every instant, to the scrotum, in order to give it a more favorable position. If the patient is not subject to much fatigue, if he does not remain for any length of time in the erect posture, and avoids all the exciting causes of the disease, a suspensory bandage will guarantee him against further suffering. But if the disease is allowed to go on unchecked, it becomes a source of constant suffering. A short walk causes extreme fatigue, the breathing becomes hurried, the face is bathed in sweat, and expresses the deepest distress. In some cases it is impossible to assume the erect posture, without the aid of a suspensory bandage. The case of one of the most celebrated dramatic authors of France is mentioned, who had acquired the habit of composing whilst rapidly pacing his chamber. This disease entirely put a stop to his perambulations, and with them to his literary productions. He was restored by an operation performed by M. Breschet. There is one symptom which our author has never known to be absent, but which has been omitted by other writers on this subject. It is an increased perspiration of the skin of the scrotum on the side affected. This secretion is, in some cases, so abundant as to require the use of a fold of linen. The superficial veins may acquire an enormous size. One case is mentioned in which they equalled, and even surpassed, the volume of the crural vein. Some cases are quoted from Pott and Sir A. Cooper, in which the disease seems to have made a sudden attack; in these instances Landouzy thinks that the disease had existed in a less marked form before the acute attack commenced. The atrophy of the testicle, which took place in more than one instance in which varicocele followed an accident, is justly attributed to the accident, and not to the varicocele which was the consequence of it; nevertheless, when the disease is very much advanced, the enlarged veins compress the testicle, and cause the absorption of it. Out of 15 cases, our author found the testicle in a more or less advanced state of atrophy in 9. The occurrence of atrophy of the testicle, as a consequence of varicocele, is established by quotations from Celsus, Callisen and Pott. Sir A. Cooper, however, does not seem to have met with any examples. One case, mentioned by Pott, is the only one in which atrophy of both testicles took place, but Landouzy has often observed the right testicle partially atrophied in varicocele of the left side. The atrophy of the testicle is proportioned to the extent of the varicocele. Not so, however, the pain, which is often most considerable where the veins are least enlarged. This fact is attributed to an enlargement of the small veins surrounding some nervous fibres. It is to the acute pain experienced in some cases, and to the constant uneasiness present in all, that the deep melancholy common to almost all diseases of the urinary and genital organs is to be ascribed. The chief object of Landouzy's paper is to prove the superiority of M. Breschet's method of compression to all others which have been recommended. Thirteen cases are related, in all of which great relief, in the majority a perfect cure, was effected by this means. The danger, too, of inflammation of the veins is much less than when other methods are resorted to; the cure, moreover, is accomplished in a less space of time.

As a preliminary step to the performance of M. Breschet's operation for varicocele, it is necessary that the diseased veins should be considerably distended with blood, in order that none of them may escape the compressing action of the forceps; for this purpose, in summer it will be sufficient that the patient should walk for some time previously, but in winter it will be desirable that he should also take a warm bath. This precaution being taken, and the scrotum being previously shaved, the patient stands upright before the surgeon, who, if the varicocele is on the left side, grasps the right side of the scrotum with his left hand, whilst with his right he endeavors to discover the situation of the vas deferens; this is not difficult; its normal situation is at the posterior part of the cord, its form that of a cylindrical stem, equal through its whole extent, its volume that of a large crow-quill, its consistence is hard, though elastic, and may be compared to that of a nerve. But the best means of assuring yourself that you hold the vas deferens, is to press it between your fingers, when the patient should feel a peculiar painful sensation, referred both to the testicle and the groin, and which can scarcely deceive either the patient or the operator. Having discovered the vas deferens, the operator draws it towards the septum scroti with the thumb and forefinger, and endeavors to separate the veins from it, and to collect them towards the external part of the scrotum. This sort of sub-cutaneous dissection forms the only difficult part of the operation, and requires patience and attention; the separation of the vessels must be made with the greatest care, in order that no vein should remain with the vas deferens and spermatic artery. The veins being thus separated, an assistant places the first forceps on the upper part of the scrotum, transversely, and as high as possible, but far enough from the root of the penis to prevent the formation of an eschar on it; it will be found convenient to raise the penis against the abdomen. The branches of the forceps should be carried as far as possible towards the septum, excluding the vas deferens, and at the external part of the scrotum a pedicle of skin about two lines in width, and containing capillary vessels only, should be left uncompressed. As soon as the first pair of forceps is properly placed, it should be screwed tight. The second pair should then be placed, in like manner, as low down as possible, without comprising the testicle, and should be tightened in the same way. An improvement in the construction of the forceps is the introduction of a supplementary blade, which may be depressed daily, by means of a screw, so as gradually to increase the pressure without augmenting the pain. It is necessary to be careful that this increased pressure commences towards the septum, otherwise the vas deferens might be included between the blades. In general, severe pain is felt in the scrotum and groin, immediately after the operation; but this ceases in a few hours, and no further suffering is produced. A compress dipped in cold water should be applied to the scrotum, which should be slightly elevated. The forceps may be removed, from the fifth to the seventh day. The bridle of skin on the outside of the scrotum facilitates much the cicatrization of the wound, the edges of which would otherwise be widely separated by the erections of the penis, and by the weight of the testicle. —*Journal des Connaiss. Med.-Chir.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 30, 1839.

NEW REMEDIES.*

It occurred to us, while the articles entitled *New Remedies* were in the course of publication in the American Medical Library, that it was possible the editor contemplated a distinct work, in which should be embodied the whole series. We confess ourselves much gratified in receiving a large, plainly-printed volume, of a most respectable exterior appearance, from Philadelphia, which cannot be otherwise than popular with the medical profession, if suitable exertion is made to circulate it. *New Remedies: the method of preparing and administering them; their effects on the healthy and diseased economy, &c. &c.*, is the title, and our friends should be particular in sending orders to the booksellers. Medicines are continually multiplying, but there is so much empiricism in the world, and such an eagerness to grasp at every new thing that happens to have imputed to it a medicinal virtue, that the ignorant, under the burden of their infirmities, seize with avidity whatever vulgar rumor says is wonderful in its effects upon disease. With the strongest reliance on the representations of the most incompetent persons, men of good powers of discrimination sometimes surrender themselves entirely to the guidance of contemptible speculators in health—giving their bodies to the unrestrained management of those with whom they would not entrust a purse. Some of the most potent remedies, which are necessarily prescribed with extreme care by responsible, cautious physicians, are no sooner on sale in the shops, than every one dabbles in them according to his own crude notions of what is proper or judicious. Creosote, iodine, croton oil, morphine, &c. &c., are just as readily procured by all sorts of people, without inquiry into the object of the purchaser, or the use which is to be made of these active preparations, as a dose of Glauber salts or a box of simple cerate.

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* New Remedies: the method of preparing and administering them; their effects on the healthy and diseased economy, &c. By Robley Dunglison, M.D., &c. &c. Philadelphia: Lea & Blanchard, 1839. 8vo., p. 503.

Practitioners, in this age of multiplication, can scarcely keep pace with all the improvements and discoveries which are intended to provide them with new powers for contending with the ills and physical afflictions of humanity. It is not possible for all to be equally conversant with every new discovery in medicine—for they are not all circumstanced favorably for perusing every medical journal in this or any other country. A book, therefore, which puts them at once in possession of the whole mass of matter, of the character we are now considering, is positively greatly to be prized. Instead of travelling through a hecatomb of pamphlets, or decyphering a German or French treatise, for example, languages with which they may have but an imperfect acquaintance, they will find in this volume a concentration of all that is worth knowing in a particular department. The value of this book, therefore, is hardly to be estimated; to be without it, would be very much like obstinacy, and amount to the same thing as saying, like the Austrians in regard to their government—nothing can be improved, for we already live in a state of perfection. Dr. Dunglison, the author, has done an essential service to all classes of practitioners, in the compilation of this, his latest production. It is truly useful, because it plainly shows how the new medicine is prepared, how and under what circumstances it may be given, and, lastly, the effects it produces on the system; and the directions are sufficiently minute, while the general observations are copious without confusion.

Facts are what concern the physician: it is of no consequence to him what theories are the most popular, though, to the great injury of the character of the profession, too much deference is paid to the philosophisings of those who know very little about the readiest mode of restoring a patient. The publication to which these remarks refer, is a safe and useful guide in the administration of the new medicines, sanctioned by the highest authority. Since the cultivation of the science of botany is continually developing important medicinal agents, and chemistry puts us in possession of new and numerous preparations which were unknown to the physicians of the last century, these pilot books become invaluable.

Now it is no part of our intention to palm off Dr. Dunglison's book of New Remedies as an unmatched, unsurpassed production—it is not so; but intrinsically just what it purports to be, viz., an exact, scientific compilation from the very best available sources of information; it is creditable to the industry and wise discrimination of the author, and quite necessary to the libraries of those who feel the necessity of keeping pace with the improvements and discoveries in the broad and but imperfectly explored domain of medicine.

Revision of the Pharmacopœia.—A committee will meet in the city of Washington, on the first Wednesday of January, 1840, for revising the United States' Pharmacopœia, of which Lewis Condict, M.D., of New Jersey, is President. Massachusetts has no representative—and unless the Council of the Medical Society is called together at the special requisition of the President, the profession of this State will have neither part nor lot in the matter. New Hampshire sends three delegates, and in case of failure on the part of the regularly-appointed men, three substitutes were appointed to take their places.

Diseases of Infants.—Dr. Stewart's Translation of Billard, a splendid performance, which has been looked for impatiently, finally made its appearance in Boston, last week. Medical books seem to be better printed than formerly. This is an excellent specimen of typography, from the press of Mr. Adlard, New York. A dedication is made to Dr. John W. Francis. We have commenced reading, and hope, therefore, to give some account of it before long.

Fractured Bones.—Dr. Heard, of New York, reports cases of un-united fractures, treated on the plan of Dr. J. K. Rodgers, of that city—which is this—viz., remove the extremities of the fractured bone, and connect the ends of the two shafts by silver wire—holes being first drilled in each. They are brought together by twisting the wires—the ends of which are permitted to project from the wound.

Medical Miscellany.—Dr. Heintzelman has been chosen Coroner of Philadelphia: in this section of the country it seems to be of no consequence whether the coroner is well qualified for the office or not.—The Charleston, S. C. Board of Health announces the complete restoration of the public health in that city.—The sickness at Natchez is abating.—A catalogue of the Berkshire Medical Institution exhibits a class of 63 students, which shows great prosperity.—Dr. McClintock's office, Philadelphia, is recommended to students who may visit the medical schools of that city, as possessing superior advantages.—An election is to be made in the course of this month, of a successor to Dr. Griffith, in the University of Virginia, who resigned in consequence of ill health.—Dr. Gibson, of Philadelphia, has been made a corresponding member of the British Provincial Medical and Surgical Association.—A distinguished physician of New York has a new work of interest just ready for the press.—No. 1 of the second volume of the American Phrenological Journal, which has been due a fortnight, has just arrived.—Dr. Paul B. Goddard, Demonstrator of Anatomy in the University of Pennsylvania, has published a work, containing 12 plates, on the arteries—so say our exchange journals—not a copy of which is supposed to be in Boston.—Dr. F. C. Crane relates, in the London Lancet, several cases of cancer which have been cured or relieved by the use of iodide of arsenic. The dose, in one case, was an eighth of a grain, which was reduced to a twelfth, gradually increased to a third of a grain, and continued eight months, but its frequency is not mentioned.—Mr. Savage, a surgeon, in the same periodical publishes some important cautions respecting the use of the new ear medicine, by means of the air-press. He concludes by stating that mucous engorgement is the only ailment remediable by this instrument.—At the late meeting of the British Association for the Advancement of Science, held in Birmingham, a case of rupture of the duodenum—one of ileus, occasioned by a membranous band—one of intermittent coma—one of open foramen ovale, without cyanosis—and two or three others of minor import, were detailed. Several valuable papers on medical subjects were also read.

To the Reader.—The attention of the reader is respectfully directed to an interesting communication on the first page of this day's Journal, from Dr. Bradley, of the Missionary service, who resides at Bangkok, the capital of the kingdom of Siam.—We also desire to remind the reader that the lithographic illustrations of club-foot, which accompanied Dr. Brown's very important paper, last week, should be bound in the volume like a map, and not cut. The same article is to appear in a pamphlet, and to be extensively circulated over New England.—Dr. Short's letter, from Louisville, Ky., and other papers, will appear next week.

Married,—In Champlain, N. Y., George Spalding Gale, M.D., of Franklin, Vt., to Miss Eliza Nichols, of the former place.

Died,—In Boston, Gamaliel Bradford, M.D., Superintendent of the Mass. General Hospital.—At Boscawen, N. H., Dr. Elijah Blaisdell, 34.

Whole number of deaths in Boston for the week ending Oct. 26, 29. Males, 10—females, 19.

Of consumption, 5—disease in the head, 1—pleurisy fever, 1—intemperance, 2—decline, 1—inflammation of the bowels, 2—hooping cough, 2—gastritis, 1—dropsy on the brain, 2—inflammation of the lungs, 1—epilepsy, 1—scarlet fever, 2—hæmorrhage, 1—lung fever, 1—burn, 1—old age, 2—typhous fever, 1—gravel, 1—stillborn, 3.

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	John C. Warren, M.D.
Chemistry, by	John W. Webster, M.D.
Midwifery and Medical Jurisprudence, by	Walter Channing, M.D.
Materia Medica and Clinical Medicine, by	Jacob Bigelow, M.D.
Principles of Surgery and Clinical Surgery, by	George Hayward, M.D.
Theory and Practice of Physic, by	John Ware, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other. WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839. Jy 17—tN

WASHINGTON UNIVERSITY OF BALTIMORE.

Medical Department.—Session, 1839—1840.

The regular Lectures in this institution will commence on the last Monday of October, and continue to the 1st of March. The Faculty consists of the following professors, in the order of their appointment.

J. H. Miller, M.D., Professor of Anatomy and Physiology.
Sam'l K. Jennings, M.D., Professor of Materia Medica, Therapeutics, and Legal Medicine.
Wm. W. Handy, M.D., Professor of Obstetrics, and Diseases of Women and Children.
John C. S. Monkur, M.D., Professor of Institutes and Practice of Medicine.
Edward Foreman, M.D., Professor of Chemistry.
John R. W. Dunbar, M.D., Professor of Surgery and Surgical Anatomy.
W. R. Handy, Demonstrator of Anatomy.

The plan of this institution is a new one in this country. The college buildings are so constructed, as to present peculiar advantages to the student, which every intelligent medical man will at once perceive, as this plan unites a Medical College, Marine and City Hospital, Rooms and excellent Board for a large number of resident students, who have the charge of the patients under the direction of the professors. Clinical lectures are delivered during the session, on Medicine and Surgery, by the professors of the respective chairs. Northern students who contemplate emigrating to the middle and southern States, are invited to examine the plan and location of this institution.

Additional information in reference to the plan, terms, &c., and a circular, may be obtained by a letter addressed to JOHN R. W. DUNBAR,

S 18—tN *Dean of Medical Faculty.*

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

THE CHASE INFIRMARY

FOR THE TREATMENT OF HERNIA, AT CONCORD, N. H.

The perfect retention of the bowel is here guaranteed in all cases of *reducible* hernia, and a *radical cure* may be expected, except in cases of long standing in aged people. The attendance of the patient is required no further than to afford opportunity, by means of a suitable instrument, to adjust the degree of pressure necessary to ensure the certain retention of the bowel, provided the patient immediately report himself should a re-appearance of the hernia, or too much inflammation, render a different adjustment of the instrument necessary. THO. CHADBOURNE, M.D., *Concord, N. H.*

References.—Amos Twitchell, M.D., Keene; Matthias Spaulding, M.D., Amherst; Oliver Perry, M.D., Exeter; C. A. Cheever, M.D., Portsmouth; William Burns, M.D., Littleton. A14—

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery and on diseases of the eyes, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839. 2am6m

MEDICATED VAPOR BATHS.

Physicians are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, antacid, anti-hæmorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerrish, No. 14 Franklin Place, Boston.

Aug 21—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

Vol. XXI. Wednesday, November 6, 1839. No. 13.

PULMONARY DISEASES IN THE WEST INDIES AND THE MEDITERRANEAN.

[Several statistical reports of the sickness and mortality among the British troops have recently been presented to Parliament, which contain matter of no ordinary interest. From an extended notice of these reports in the last No. of the British and Foreign Medical Review, we take the following extract.]

There is nothing more interesting in these Reports than the statistics of pulmonary diseases. They appear to us of great importance in reference to the etiology of these formidable maladies, by showing at least the error of certain views still prevailing on the subject, and by confirming, if they have not the merit of originating, more correct opinions. After a table showing the number of admissions and deaths from this class of diseases, in the Windward and Leeward Command, Major Tulloch remarks: "Though the proportion of admissions by this class of diseases is lower than among troops in the United Kingdom, in the proportion of 115 to 148, the ratio of mortality is much higher, as nearly 10½ per thousand of the strength have been cut off annually; whereas, in Britain, the deaths from the same class of diseases do not average, at the utmost, more than 8½ per thousand. This arises from the *greater prevalence of consumption*, for out of an aggregate strength of 86,661 serving in the Windward and Leeward Command, not fewer than 1,023 were attacked by that fatal disease, being 12 per thousand annually, whilst out of an aggregate strength of 44,611 dragoon-guards and dragoons serving in Great Britain, only 286 were attacked, being about 5½ per thousand." "Not only," he adds, "is consumption productive of great mortality in this command, but inflammation of the lungs and chronic catarrh are nearly twice as prevalent and twice as fatal as among troops in Britain, thus showing how little effect a mere increase of temperature has in modifying these diseases." *(West India Report, p. 8.)* Major Tulloch might have extended his remarks to uniformity of temperature; for this great mortality from consumption and inflammation of the pulmonary organs has taken place in a command where the greatest annual range in the thermometer is 13 degrees, and in some parts of which it is only 4 degrees.

In Barbadoes the mortality from diseases of the lungs is considerably above the very high average of the command, being 15.8 per thousand annually of the white, and 18.7 per thousand of the black troops. It may not be amiss to remark that, whilst this report shows the general rate of mortality from fever to be considerably lower among the negroes than the whites, the former are found to suffer in a much greater proportion from consumption and other diseases of the lungs. In Jamaica pulmonary diseases are by one third less prevalent, and one third less fatal than in the Windward and Leeward Command. The mortality from them is estimated in the Report at 7.5 per thousand annually. The author remarks that, exclusive of those invalided on account of these diseases in the island, and who died in their passage home or shortly after their arrival, this class of diseases has produced almost the same annual ratio of mortality as among the dragoon-guards and dragoons in the United Kingdom on the average of the last seven years. Consumption is, however, much more prevalent in Jamaica than Britain; for, whilst in that island 13 per thousand of the whole force have been annually treated for this disease, at home those who have undergone treatment on account of it have amounted only to 5 and 6 per thousand annually, although the period over which the latter observations extend includes two severe epidemics of influenza, which probably laid the foundation of more cases of this disease than usually occur in this country. The author adds:

"That this fact is the more remarkable, as in Jamaica catarrhal affections are not one half so common as in Britain. Out of an aggregate strength of 51,567, there occurred but 2,809 cases, including both acute and chronic, or 65 per thousand of the strength annually; whereas, in this country, out of an aggregate strength of 44,611, no less than 5,462 cases are recorded, or 122 per thousand annually. Inflammation of the lungs is still more rare. The baneful influence of the climate of the West Indies in accelerating the progress of consumption has long been remarked by medical authorities; but it does not seem to have occurred to them, nor indeed had they any means of ascertaining, that twice as many cases originate in that climate as at home, though those catarrhal affections to which they are generally attributed are there comparatively so rare."—*West India Report, p.* 47.

We find, then, in Jamaica, with a high temperature, that catarrh and inflammation of the lungs are rare, whilst consumption is twice as frequent as in Britain. The confirmation this affords of the opinion of Louis, and its refutation of that of Broussais, are too evident to require to be indicated. These statistical details have an important bearing, too, on an opinion promulgated by the late Dr. Wells, that there was a natural antagonism between diseases, the product of marshy effluvia and consumption—that the one excluded the other. In the West Indies, however, we see the prevalence of the two diseases, supposed to exclude each other, coinciding.

The portion of the reports from the Mediterranean bearing on the same subject, contains much interesting matter. At Gibraltar we find that the deaths from diseases of the lungs in general amount to 5.3 per thousand of the average force, whilst the mortality from consumption alone amounts to 3.5 per thousand. Major Tulloch presents us with the following commentary on the return:

"The ratio of admissions by this class of diseases is to that in the United Kingdom as 141 to 148, the principal difference being that catarrhal affections are less frequent in Gibraltar, while inflammation of the lungs is much more so; the cases of the latter are, however, of a milder character, as only 1 in 45 died of those admitted into the hospital in Gibraltar, while 1 in 18 died of those admitted for the same cause among the dragoon-guards and dragoons in the United Kingdom. The total mortality by diseases of the lungs would appear to be less at this station than at home; but that, we apprehend, arises from many of the consumptive patients being invalided, who, if they die on their passage or after their arrival in England, are not included in the returns of the station where their diseases originated. That this is sufficient to account for the difference, may be supposed from the fact stated in the Medical Report for 1835, that during the 13 years previous the average number of deaths from consumption in Gibraltar was $12\frac{3}{10}$ annually, besides about 5 sent home laboring under the same disease, of whom few or none recovered."—*United Kingdom and Mediterranean Report, p.* 11, *a.*

The mortality from diseases of the lungs in Malta has been in the ratio of six per thousand during a period of twenty years. The author gives the following important commentary on the table containing the details:

"The climate of this island appears from the preceding results to be by no means favorable to persons predisposed to these diseases; the mortality is higher than in Gibraltar, and there is every reason to believe that, could we have taken into account the number invalided, and who died on the passage, it would have proved even higher than at home. It is somewhat remarkable that, in a climate where the thermometer never sinks to the freezing point, where the temperature at night is generally within a few degrees the same as during the day, and where those sudden transitions from heat to cold, to which this class of diseases is generally attributed in other countries, are extremely rare, the ratio of admissions should be only about one fifth less than in the United Kingdom. It may serve as a striking illustration how little influence the climate of Malta is likely to have in diminishing the tendency to consumption, that the proportion attacked by that disease among the troops there during the last seven years has averaged $6\frac{7}{10}$ per thousand of the strength annually, while in the United Kingdom, during the same period, the proportion attacked of the dragoon guards and dragoons was but $6\frac{4}{10}$ per thousand annually."—*United Kingdom and Mediterranean Report*, p. 24.

The author adds some remarks to show that the fatal influence of diseases of the lungs is not confined to the troops alone, but extends in a corresponding degree to the inhabitants. He refers to returns which prove that 6,664 deaths have occurred in 13 years from this class of diseases, constituting a mortality of 513 annually, which, upon an average population of 100,000 of all ages, is about $5\frac{1}{8}$ per thousand of the strength, being scarcely one per thousand less than among the troops, notwithstanding the night exposure of the latter in the course of their military duties. He adds that, though the climate of this island has been supposed favorable to diseases of the lungs, its inhabitants appear to suffer from them nearly as much as those of high northern latitudes, for the returns of Sweden show that there were only 14,087 deaths from this class of diseases out of the whole population in one year, being in the ratio of $5\frac{6}{10}$ per thousand, or within a fraction the same as in Malta.

In the Ionian Islands, the deaths from all diseases of the lungs are 4.8 per thousand of the mean strength annually. Major Tulloch makes the following remarks on these numbers :

"Notwithstanding the variable character of the climate, the rapid alternations of temperature, and the tempestuous weather which frequently prevails in this command, diseases of the lungs are both less prevalent and less fatal than at Malta or Gibraltar: the admissions into hospitals being respectively at 90, 120 and 141, and the deaths as 4.8, 6.0 and 5.3 per thousand of the strength annually. The principal exemption in the Ionian Islands is from catarrhal affections, which are not half so prevalent or half so productive of mortality as in the other Mediterranean stations, or in the United Kingdom. Most of the deaths arise from consumption, but neither is the proportion attacked so high nor are the fatal cases so numerous as in Malta, where there exists a comparatively equable temperature, and that mild condition of the atmosphere which is supposed favorable to persons predisposed to that disease. In Malta, on the average of twenty years, about 6 per thousand of the troops have been attacked annually by consumption ; and in Gibraltar and the United Kingdom, nearly the same ratio; while in the Ionian Islands only 5 per thousand have been attacked, and the deaths have been fewer in the same proportion."—*United Kingdom and Mediterranean Report*, p. 35, *a*.

When we pursue the subject through the reports from British America, we observe the same discrepancy between ordinarily-received opinions and statistical facts as has been displayed in the results of observation in other quarters of the globe. In Bermudas, with great uniformity of climate, and an absence of those extremes of cold to which such diseases in northern latitudes are frequently ascribed, we find inflammation of the lungs and consumption decidedly prevalent, and the mortality from pulmonary diseases 8.7 per thousand annually, which is higher than among troops in the United Kingdom and the Mediterranean stations. In Nova Scotia and New Brunswick, with severe winters and sudden atmospherical vicissitudes, we find diseases of the lungs less prevalent than in the United Kingdom, in the proportion of 125 to 148, and less fatal in the proportion of 7.1 to 7.7. In Canada, distinguished for the severity of its winters, and so remarkable for sudden alternations of temperature that the thermometer has been known to fall at Quebec 70 degrees in 12 hours, the admissions for pulmonary disease are 148, and the deaths 6.7 per thousand, the latter being much lower than in the United Kingdom. Major Tulloch points out the following striking facts, which require no comment : at Bermuda, there have been attacked annually by consumption, of every thousand, 8.8; in Gibraltar, 6.5; and in Canada, 6.5.

Major Tulloch modestly observes, that his object in the Reports is rather to state effects than to speculate on causes. We admit that he has been more successful in the case of pulmonary diseases, in showing what are not their causes than what are; but we feel, too, that in the state of our knowledge respecting these diseases, the former knowledge is a necessary and very important preliminary to the latter. One set of facts, however, in these Reports, has an important bearing on another. We find between the classes, officers and soldiers, the most perfect equality exists as to mortality from fever, whence the reasonable inference is, that the cause of fever is general—that it is in the climate. But in the case of bowel complaints and diseases of the lungs, there is the greatest discrepancy in the extent to which these classes are respectively affected. From the former disease, the soldiers suffered in comparison of the officers in the proportion of nine to one, where, for five days in the week, the diet of the soldiers consisted of salt provisions; in colonies, on the other hand, where such provisions were issued to the troops only two days in the week, the mortality in the two ranks from these diseases approximates so closely as to be nearly on a par. Here is evidence almost demonstrative, which is further confirmed by the fact stated by Sir A. Haliday, that the fresh-meat rations, supplied to the soldiers at the request of Lord Howick, have effected a great diminution in the prevalence of bowel complaints. The relative prevalence and fatality of consumption in the two classes is very disproportionate; for in the Windward and Leeward Command, the proportion of officers and men treated for the disease stands as 6 to 15; and in the Jamaica Command, as 4 to 15; whilst the deaths among officers are, in the former station, one fourth, and in the latter one fifth, of what occurs among the troops generally.

To what is this prodigious discrepancy to be attributed? The author declines hazarding a positive opinion; but he refers to the views of Sir James Clark (and we are happy to observe his respectable and respectful reference to the labors of this truly enlightened physician), that improper diet and impure air are the most certain exciting causes of consumption among those not hereditarily predisposed to it, and to the experiments cited by him, which have proved that tubercular affections may be induced in animals by confinement in close, humid places, and innutritious food. Major Tulloch deems it consequently not improbable that crowded barrack-rooms and a restriction to salt diet may, particularly in a tropical climate, produce a similar effect on the constitution of soldiers.

DR. SIGMOND ON THE USE OF TEA.

["Tea; its Effects, Medicinal and Moral," is the title of a work, just published in London, by G. G. Sigmond, M.D., Professor of Materia Medica to the Royal Medico-botanical Society. Copious extracts from it are given in a late No. of the London Lancet, the editor of which, however, does not fully coincide with the learned Professor in his encomiums upon this beverage. That our readers may be made acquainted with the manner in which Dr. S. treats his subject, we give place in our pages to the following remarks, of the truth or falsehood of which, every reader is at liberty to form his own opinion.]

"Tea, as the morning beverage, when breakfast forms a good substantial meal, upon which the powers, for the day, of meeting the various chances and changes of life depend, provided it be not too strong, is much to be recommended; but when individuals eat little, coffee certainly supports them in a more decided manner; and, besides this, tea, without a certain quantity of solid aliment, is much more likely to influence the nervous system. Some persons, if they drink tea in the morning and coffee at night, suffer much in animal spirits and in power of enjoyment of the pleasures of society; but if they reverse the system, and take coffee in the morning and tea at night, they reap benefit from the change; for the coffee, which to them in the morning is nutrition, becomes a stimulus at night; and the tea, which acts as a diluent at night, gives nothing for support during the day. Nothing can be more injurious than the habit of taking spirits in tea; and this is a very seductive custom, which is followed by persons who complain that two or three hours after breakfast they feel, without their dram, an uncomfortable sinking at the stomach, a general depression, sometimes palpitation of the heart, and a sense of languor and incapability of moving the limbs, which renders them quite incapable of pursuing their daily avocations. A train of miserable symptoms, to which the term 'nervousness' is given, and which is most difficult to be described, attends this state, for which brandy or rum in the cup of tea is often permitted, in the dose of one or two teaspoons; this lays the foundation for dram-drinking, with all its pernicious consequences. An individual thus affected will do well to renounce tea altogether, and to substitute for it a beverage half coffee, half warm milk, and, if possible, to acquire the habit of taking a substantial breakfast, which alone can dissipate this symptom of uneasiness. As a simple and salutary diluent, no fluid is to be compared with the infusion of tea: although milk, milk-porridge, gruel, broth, cocoa, coffee, infusion of sage, of balm, of juniper berries, of aniseed, of fennel, of hay, of coriander, of betony, of rosemary, of ginger, and even sugar and water, have all had their advocates, and have all been tried, they none of them form so grateful and useful a diluent with the ordinary meal, and they none of them are so uniformly agreeable; and though there may be peculiar idiosyncrasies, with which it may not altogether agree, yet it is innocent beyond all other drinks with which we are acquainted."

"Tea is more particularly adapted for the ordinary beverage of young women; and the individual who, until the day of her marriage, has never tasted wine, or any fermented liquor, is the one who is most likely to preserve her own health, and to fulfil the great end of her existence, the handing down to posterity a strong and well-organized offspring, capable of adding to the improvement and the welfare of the community.

"There are some females upon whom green tea produces nearly the same effect as digitalis or foxglove; and it has been medicinally employed in the diseases for which that herb has so decidedly obtained a high reputation. Desbois of Rochfort has, by the use of it, cured numerous nervous diseases which have arisen from accelerated circulation. Dr. Percival had an idea that green tea possessed nearly the same power as does digitalis, of controlling and abating the motion of the heart. It is a singular fact that there are several instances recorded in which green tea has restored regularity to a pulse which has been habitually intermittent; and it has often relieved the severe paroxysms which occur where water exists in the chest. In diseased lungs in young females it has been found of essential service; and even when consumption has made advances, when suppurative fever, attended with great restlessness and hurried circulation, has produced its highest excitement, green tea has been found to alleviate the worst symptoms. In these instances its action has much resembled the foxglove; in the gentler sex those palpitations for which this herb has been found valuable will derive relief from green tea. It forms an agreeable medium for aromatic spirits of ammonia; for hartshorn, in many states of nervousness and of hysteria. When the duration of what was supposed to be a slight cold is longer than usual; when the pulse varies in quickness at different periods of the day; when there is a slight cough, which is aggravated on going to bed; when the heart beats violently on going up or down stairs; when there is a slight difficulty of breathing in a horizontal position, and we observe the individual to be of delicate habits, and under twenty years of age, she must be watched with great tenderness and anxiety; her food must be closely investigated, and attention to diet enforced. Green tea is oftentimes highly to be recommended; but its administration must be watched. After marriage a diet of a different description is at various times necessary; then only that which is nourishing is to be sought for, and everything that can lower the general system must be avoided. Although wine has been, up to this period of life, proscribed, it may be now rationally and cautiously used; and that which of all others affords the greatest assistance to the frame is the wine of Champaigne. Of this an occasional glass or two during the dinner is one of the most important means of imparting strength; for the venous system requires to be more than ordinarily carbonized. Neither during lactation, nor in the early period of childbearing, is tea the most desirable beverage; but at any other time it is useful, as determining to the surface of the skin, and acting as a gentle diluent, and imparting an agreeable sensation of warmth and comfort to the whole system, care always being taken that there be no exposure to cold after the evening meal, at which time there is a great susceptibility to morbid impression."

"That tea is the most agreeable and the most salutary diluent that has yet been introduced into Europe, would appear from the general improvement in the public health that has followed upon its use; and although many plants have been used as substitutes for tea, none have so long maintained their character. The common sage, the wild marjoram, the arctic bramble, the sloe tree, the goat weed, Mexican goosefoot, common speedwell, and wild germander, have been tried and abandoned. Chocolate has been found most serviceable to the low spirited, to those who are emaciated, to those who suffer from hemorrhoids ; and there are certain states in which coffee may be preferred, but these ought not to be the sole drink of man. Fermented liquors, injudiciously taken, produce diseased stomachs and livers, consumption, dropsy, madness ; and the prudent man, who fears that he may be betrayed into excess, is perfectly right in shunning the means of mischief. But good wine is a good cordial, a fine stomachic ; taken at its proper season it invigorates mind and body, and gives life an additional charm. There can be found no substitutes for the fermented liquors, to sustain the mental and bodily labor which the artificial habits of society demand. Temperance and moderation are essential to happiness ; but a "total abstinence" is unwise. Increased capability of encountering the ever-varying agitation of life, is amongst the many good results which spring from a well-regulated diet, in which the alcoholic preparations bear their just proportion and adaptation.

"In a climate of great vicissitude, where mind and body are equally liable to depression, something beyond a mere diluent is required ; and it is better to acquire a regular habit of daily taking a sufficient quantity for their support, than that there should be occasional fits of excitement by the stimulus of drink, and then a consequent depression. When there is a great activity of mind during the winter months there is a necessity for a stimulus, which is hurtful during the summer. The port, the sherry, the ale, so proper at Christmas, and the cup of tea quickly following it, must be exchanged, in summer, for the claret, or hock, or the tea alone. The damp and uncertain states of the atmosphere of this country, independently of other considerations, point out the necessity of obtaining an artificial bodily heat. The glow and animation that follow upon a proper stimulus are serviceable to man, more particularly late in the day, when the nervous energy is somewhat exhausted ; for the same quantity of fluid, if taken at a time of the day when it is not required, will impair the health, and prevent the mind from exertion. It is not indiscriminate wine or beer drinking that is to be recommended, but a regular systematic beverage, at due intervals, and at proper times."

EXCISION OF THE UPPER JAW—FIRST TIME PERFORMED IN AMERICA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In the Medical and Surgical Journal for October 16, you say, concerning the removal of the upper jaw, "This formidable operation was lately performed by Dr. Warren, of this city, *for the first time in the United States.*" This statement, Sir, contains an error which you will doubtless willingly correct. In the year 1824, Dr. David L. Rogers, of the city of New York (now Professor of Surgery of Geneva College), successfully removed the upper jaw for osteo-sarcoma. The details of the case, which was a most formidable one, may be found in the New York Medical and Physical Journal, Vol. III. page 309. It is also alluded to in Cooper's Surgical Dictionary. Before this, small portions of bone had been removed from the upper jaw by various surgeons; but this was, I believe, the first time in the United States of what may, with propriety, be called "the removal of the upper jaw."

Two weeks ago Professor Rogers removed an adipose tumor from the axilla of a woman, in presence of the medical class, which measured twenty inches from its attachment to its base, and thirty inches in circumference at its widest part. It weighed 16 pounds 10 ounces. The patient has almost recovered. Respectfully yours,

Geneva, N. Y., Oct. 22, 1839. ANDREW BOARDMAN.

INFLAMMATION OF THE BRAIN.

[Communicated for the Boston Medical and Surgical Journal.]

In the summer of 1837, in the treatment of a case of inflammation of the brain (a young man of full and plethoric habit, evidently constitutionally predisposed, having lost two brothers of the same disease, each of whom died very near that period of life at which he had arrived), I felt strongly impressed with the necessity of keeping the head in a somewhat elevated position, in order, as Dr. Eberle says, to "favor the return of the blood from the inflamed structure by the veins, and impede, in some degree, the access of the blood by the arteries, in consequence of the additional resistance offered by the gravity of the blood to the propulsive efforts of the heart."

I supposed an elevated position of the head would not only be for the benefit of my patient, but add very much to his comfort. But in this I was not a little disappointed—he never would suffer his head to be elevated above the natural position of sleep in health, without complaining of increased pain in it; but thinking it would be better for him, I repeatedly advised him to maintain an elevation of the head to a considerable degree. But he as often repeated his complaint; till at length his importunities were so urgent, I consented to allow him the most quiet posture his restless bed would afford; and he soon put himself in an attitude, apparently, to enjoy quiet natural repose.

On examining the patient, while the head and shoulders were a little raised, I found the pulsations of the heart much increased in strength, and I believe in frequency; which seemed to account for the increased pain in the head. The thought then occurred to me, that the gravity of the blood of the ascending aorta, supposed to suppress, or diminish, the "propulsive efforts of the heart," might require the heart to act, if not with increased motion, with greater strength and violence, and thus convey a stronger throb or pulsation to the brain, which can but augment the pain of the head, and more than counterbalance the good effects of favoring the return of the blood in the veins.

My object in submitting the facts of the above case, is to obtain some information explanatory of the cause of the increased pain in the head, on being raised; and not to claim for the accompanying suggestion, a philosophic principle or a physiological fact. I have more recently treated a case of the same disease, with similar symptoms, although not so decisive.

Yours, &c.

Wolfborough, N. H., Oct. 18, 1839. J. F. Hall.

THE LOUISVILLE MEDICAL INSTITUTE AND DR. DRAKE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I have this moment seen your number of the 25th ult., in which is announced, what you suppose must have been "much to the surprise of the profession of the West," the appointment of Daniel Drake, M.D., of Cincinnati, to the chair of Clinical Medicine and Pathological Anatomy in the Medical Institute of this city: and in the sequel of this announcement a smothered insinuation is indulged in, that an understanding existed on this head, between Dr. Drake and this Institution, before the resignation of his chair in the Medical Department of Cincinnati College.

As these insinuations do no credit to the Louisville Institute, and are discreditable to Dr. Drake, you will please permit me to repel them by a statement of facts. Being the Dean of this school, and the exclusive organ of communication between my colleagues and Dr. Drake, I may be supposed to know something of the circumstances connected with his appointment.

Of the reasons which led to Dr. Drake's resignation of the chair which he recently held in the Cincinnati College, I pretend to know nothing more than what is very sufficiently set forth in that "interesting letter," as you are pleased to term it, to the chairman, Mr. Morris. Suffice it for my present purpose to say, that his letter of resignation is dated the 27th of August—that the Board of Trustees, having previously vacated all the chairs, formally suspended the operations of the school on the same day (the 27th)—that intelligence of these events reached us, for the first time, through the public prints, in a day or two after their occurrence; and that on the 31st of August, at the instance of my colleagues, I visited Cincinnati, where I held a conference with Dr. Drake on the subject of his connection with the Louisville Institute, into which he was unanimously elected on the 7th of September. I state, moreover, as my sincere conviction, that neither Dr. Drake, nor any of his friends, had held any intercourse or correspondence with any member or friend of the Louisville Institute, in relation to his becoming a member of it, previously to my interview with him, on the last of August; nor do I believe that any idea of the kind had been entertained by him before that hour.

So far from its being a matter "of surprise to the profession at the West," that Dr. Drake should be elected to a place in the Louisville Medical Institute, it must have been anticipated by all who were acquainted with the deep interest taken by the citizens of Louisville in the success of their medical school, the munificent appropriations made to it by the City Council, the vigilant supervision of its interests by the Board of Managers, and the pre-eminent qualifications of Dr. Drake as a teacher, that so fortunate an opportunity of adding to its attractions would not have been lost to the Institute. The circumstance can only have been a matter of surprise and alarm to its enemies.

Very respectfully, Sir, I am yours, &c. C. W. Short, M.D.
Louisville, Ky., Oct. 16, 1839. Dean of the Faculty.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 6, 1839.

A TREATISE ON THE DISEASES OF INFANTS.

Dr. Stewart's translation of the invaluable work of Billard, on the diseases of infants, founded on recent clinical observations and investigations in pathological anatomy, needs only to be examined, even but partially, to convince the reader that the practitioners of the United States are greatly indebted to the translator for putting them in possession of this excellent production of an eminent Parisian physician. We assure Mr. Adlard, the publisher, that his press has repeatedly laid us under obligations for some of the very best medical books of the age. We fully acknowledge the satisfaction derived from one week's use of this very able volume, which has been read under the disadvantages of frequent interruptions and editorial annoyances, which those only can understand, who are similarly situated in regard to new publications. Still, the examination is not completed. There are writings which can be fathomed by a single peep at the leaves; but in this case, there is no such thing as slighting a paragraph—a fixed attention seems to be demanded at the onset, and one feels that he is improving as he progresses from chapter to chapter.

A few days since, the republication of the Principles of the Theory and Practice of Medicine by Marshall Hall, with the rich additions of Drs. Bigelow and Holmes, was hailed with delight; and before it has been placed upon the library shelf, another tome, equally meritorious and indispensable, is ushered along—and thus we are put in possession, day by day, of some of the best specimens of medical literature of the age.

A growing taste is manifested towards the French school of medicine. Though once considered the most frivolous people in christendom, the learned of France are now the profoundest of men. The accuracy of their observations, particularly in surgery, and the carefulness and patience of their clinical practitioners, have won for them the confidence, and, indeed, the admiration of those devoted to the same philanthropic pursuits throughout the world. We are too much engaged here to write books; the practice of the mere physician is too laborious to allow of his contributing much to the stock of medical knowledge, even in the relation of cases; and hence those who place upon our tables the researches of the great masters abroad, confer a favor not to be forgotten by those who are to be so essentially benefited.

Dr. Reese's Introductory Lecture.—Dr. Reese is the Professor of Theory and Practice in the Albany Medical College. A committee of the class requested a copy of his introductory lecture for publication, which was a wise measure, as it evinces their appreciation of the value of the discourse. The doctor trims up medical impostors with a degree of severity that excites our admiration, and shows what must be done by those who have an interest in the character of the profession, to make it as honorable and philanthropic as it should be. He strikes at the root of an evil in public teachers, of incalculable injury to the progress of science, viz., "obscure technicalities, neologisms, and unintelligible mysticisms, so that their pupils have been in need of a vocabulary of jaw-breakers, even while listening to a lecture." We shall watch the progress of a man who has the independence to speak thus boldly from his official chair, and hope strongly for the reformation that he shows so clearly necessary.

Dr. Bedford's Introductory.—This, too, was delivered in the Albany Medical College, at the opening of the lecture season, and a very satisfactory performance it must have been to the audience, whether wholly made up of medical men or not. The reputation which Dr. Bedford carried with him from New York, will have a powerful influence upon the destiny of the institution which was so fortunate as to secure his services. Were it practicable for us to re-print but a part of the lecture, we feel quite sure that our readers would peruse it with emotions of pleasure. If there is any part of it objectionable, the historical portions would be selected—not because they are incorrect or burdensome, but principally on account of the more intrinsically valuable matter which the author had it in his power to introduce into the same pages. In the age in which we live, there is so much that is new in medicine, and of such sterling consequence to those who minister to the sick, that those who are best qualified to instruct should remember that they are under an obligation to the community to teach, first, whatever is essential to the practical usefulness of the professional aspirant.

Vermont Academy of Medicine.—We have heard that the Trustees have so far succeeded in reorganizing the Faculty of the Vermont Academy of Medicine, as to insure the commencement of lectures at Castleton the ensuing spring. This school, which was for many years the resort of respectable classes of medical students, has, from some unfortunate circumstances, suspended instruction the two past years. It will go into operation with a faculty new throughout, whose standing in the profession and as teachers of medicine, promise to secure the objects of the students, and a proper share of public patronage.

Extraction of a Needle.—A young married woman, of this city, who had been under medical treatment for several years for sciatica, by some physicians, and for rheumatism by others, was, on Monday, October 28th, effectually cured by the removal of a whole needle an inch and a half in length, which was found deeply imbedded in the great gluteal muscle. It was not known how long the needle had been in the body, but she remembers to have swallowed one about ten years since, and has suffered acutely in that region for six.

Chase's Abdominal Supporter.—Dr. Heber Chase has constructed an abdominal supporter on a novel plan, which promises to be highly useful in giving support to the lower part of the abdomen, without producing the severe compression of the cavity that results from the use of supporters made like corsets, many of which are now extensively employed, though they are found to impede the freedom of motion and respiration in patients of both sexes, and to increase the descent of the uterus in cases of prolapsus. This instrument enjoys great advantages over those constructed with an ordinary truss-spring and strap surrounding the pelvis; being more firmly fixed in its position, as well as more comfortable to the patient.

This instrument consists of a metallic plate, fitted accurately to the form of the hypogastric region, and well padded—having attached thereto, by means of sliding movements like those of the inguinal truss invented by the same surgeon, two curved, elastic steel springs, which pass upward obliquely, running over the cristæ of the ilia; they then descend toward the sacro-iliac symphysis and terminate in two small pads, one of which rests on each sacro-iliac articulation.

When applied, the whole pressure is sustained by the anterior and the two posterior pads, and the springs suspend the weight of the apparatus on the cristæ of the ilia, thus acting as a supporter rather than a compresser.

Knobs are appended to the anterior and posterior pads, by means of which, thigh or perineal straps may be attached, and this arrangement will tend to facilitate the application of pressure in the groin or on the perinæum or nates, in cases where it is extremely difficult to apply dressings or afford pressure with accuracy by any ordinary means.

M. Roux's Experience in Fissured Palate.—Previous to the introduction of a patient into the theatre, who was to undergo the operation of staphyloraphy, M. Roux said that he had been successful in these cases in the proportion of three to four, when there was no fissure of the hard palate; whereas, when this last deficiency was present, as well as a fissure in the soft palate, his success was diminished to one in four. The case which he had intended to operate upon was one in which the operation of hare-lip had been long since performed. He was obliged to give up his intention, as he could not get at the parts with ease, on account of the difficulty which the young man had in opening widely his mouth, and also his not being able to maintain his tongue in the required position.—*Lancet.*

Peculiar trembling of the Hand while Writing.—Many German writers have recorded histories of diseases among individuals who could accomplish with their fingers the most delicate operations; for example, threading a needle, making pens, shaving, &c., without the least difficulty, who, nevertheless, when they have tried to write, were seized with so great a trembling of the hand that they could not form, distinctly, a single letter. The agitation ceases as soon as the pen is laid down. Until the present time subjects of this affliction have not been mentioned under a certain age, the youngest being 27. For the first time, a case, cited by Mr. Heyfelder, in the "Medicin. Annalen" (Part 4, Vol. IV.), is recorded in a child 11 years old. The affection has hitherto resisted every attempt at remedy, and authors are not agreed as to its immediate cause.—*Ibid.*

Moral Treatment of the Insane.—M. Leuret has recently combatted the erroneous notions of certain insane patients, by the argument of the douche, and, he says, with great success. If the patient contends that he is Napoleon, for instance, he is threatened with the douche; if he perseveres, he is subjected to the punishment until he acknowledges his error! We may be induced to publish M. Leuret's cases and observations in an early number. They are given in two works, the first of which is a distinct volume, entitled "Fragmens Psychologiques sur la Folie; the second a recent memoir read before the Academie de Médecine.—*Ibid.*

Style of the Ancient English Physicians.—As they usually belonged to the church, in the age of Linacre, Caius, Mayerne, Hervey, and Bidloo, they preserved and indeed maintained some of the peculiar ecclesiastical pomp of those times. A gold-headed cane, a golden chain, a huge wig, and a large, flowing, blood-red robe, added wonderfully to the self-importance of the proud and haughty wearer; and then the exhibition of such imposing state had the desired effect on the gazing people, wherever the doctor moved. Henry IV. granted Helia Sabbat, a Jew and doctor of medicine, letters patent, allowing him to travel with ten esquires through his majesty's dominions.

In the time of the well-known plague of London, the chronicle thus presents a lively picture of the mode in which medical practitioners appeared in the ordinary routine of business. "For thither within this two hours I did see Master Toocrump, (*medicus*) solemnely ridying upon his mule with a side goune, a great chain of golde about his necke, his apothecary Crispinus—a neighbor's child borne hereby in Barbarie, and his little Lackey, a proper young apple squire, called Pandarus, which carrieth the keye of his chamber with him. These are all gone in at the gates to that noble Italian."

Dr. Simon Fox, son of the martyrologist, and Dr. Argent, were the last presidents of the College of Physicians who rode on horseback to visit patients. The English, like the French surgeons, wore gowns. The artifices of costume, still retained by the lawyers of England as well as the clergy, were laid aside by the medical profession, when it was ascertained that it was unnecessary to address the vulgar astonishment of mankind, in order to procure a livelihood.

On looking back to 1642, it is seen that Dr. Winston, "*a son of a carpenter*," had accumulated an estate of 500*l.* a year, and was esteemed an especial benefactor of the College, because he upheld the dignity of the faculty against the apothecaries. He used but one himself, and treated him as a servant—*heriliter imperavit.* In 1703, the College brought an action against William Rose, an apothecary, for visiting a patient, and sending him several parcels of physic, "*as proper for his distemper, without any fee for advice.*" The Court decided that the act was practising physic, but this judgment was reversed in the House of Lords.

Syrup of Copaiba.—Mouchon recommends a syrup as a good form of giving copaiba. Four ounces of the purest copaiba are to be rubbed in a marble mortar with thirty-two grains of calcined magnesia, till perfect union takes place; sixty-four drops of oil of peppermint and sixty-two ounces of simple syrup are then to be added with continual stirring, until a homogeneous syrup is produced, which is to stand for twenty-four hours, and then be poured into bottles. Or, four ounces of the balsam may be made into an emulsion, with two ounces of gum arabic in two ounces of water; and this may then be mixed with the oil of peppermint and the simple syrup.—*Jour. de Pharm. du Midi.*

Medical Miscellany.—A new edition of Dr. Mussey's essay on the influence of tobacco upon life and health, has appeared from the press of Perkins & Marvin, of this city.—Smallpox has appeared at Thomaston, Me.—A snake with a head at each extremity, having the power of running either way, as occasion might require, has been killed at the South. The late Dr. Mitchell, of New York, gave the result of some curious observations, made by himself, on one or two serpents, thus singularly organized.—Dr. Scott, of New Orleans, on the 15th, was arrested on suspicion of having fired his own house.—Yellow fever no longer exists in Havana, say the latest advices.—There were 589 deaths in New Orleans from fever in the month of September.—At Mobile the epidemic is on the increase again.—From Oct. 19th to the 26th, there were 144 deaths in New York.—Augusta, Geo., is still afflicted with yellow fever, which has maintained a terrific character in that region the present year. A few cases have also appeared at Harrisburg, a small village on the opposite side of the river.—All vessels arriving at Oratavia (islands), between the 1st of July and 1st of Nov., from the United States and Gulf of Mexico, are obliged to perform quarantine at Santa Cruz, of from fifteen to eighteen days.—On board the U. S. Frigate Columbia, Commodore Read, as many as 29 deaths from smallpox and dysentery had occurred since she left Hampton Roads for the East Indies. Also several deaths in the Adams. Eight of the crew of the Columbia died at Singapore, and were buried in a nutmeg grove.—As a proof of the health of the South, with the exception of imported fever, take Columbia, South Carolina, where there have been but 26 deaths (three only of which were of fever) from April 1 to Oct. 1, 1839, *i. e. six months !*

To Correspondents.—We shall endeavor to commence Dr. Durkee's essay on Scrofula next week.—Other papers, some of which have been long deferred, will be inserted after the conclusion of Dr. D.'s.

Died,—At Concord, Mass., Hon. Abiel Heywood, M.D.—At Springfield, Ms., Lemuel W. Belden, M.D., 38, author of the history of Jane Rider's case of Somnambulism, which created so great an interest a few years ago.

Whole number of deaths in Boston for the week ending Nov. 2, 32. Males, 20—females, 12.

Of consumption, 10—liver complaint, 1—lung fever, 2—typhous fever, 3—marasmus, 1—child-bed, 1—colic, 1—inflammation of the brain, 1—fever, 1—croup, 2—canker, 1—old age, 1—smallpox, 2—scarlet fever, 1—hooping cough, 1—burn, 1—stillborn, 2.

TREATMENT OF HERNIA.—E. W. Leach, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D. Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

TO PHYSICIANS.

A physician who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid. S 18—tf

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
Oct. 9—tf J. MASON WARREN.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
Oct. 31—eptf GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

For the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Ventro-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from $1 50 to $4 00, according to size and finish. To physicians those of men's sizes will be sold at $2, 2 25, 2 50, 2 75, and $3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21— M. R. FLETCHER.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
Oct 9—eop H. G. WILEY, M.D.

BROWN'S PATENT SELF-INJECTING APPARATUS.

The undersigned respectfully calls the attention of medical practitioners to a newly invented Instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply WILLIAM BROWN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

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REMARKS ON SCROFULA.

BY SILAS DURKEE, M.D., OF LYNN.

[Communicated for the Boston Medical and Surgical Journal.]

> "Cuncta a me enunciata in re tam tenebrosa sapientium judicio submitto; non enim ut firma omnimodo, et penitus demonstrata, quæ scripsi habeo, sed aliquam fortasse lucem afferre posse opinor; mihi æquegratum erit si a me prolata, alienis laboribus confirmata, vel evidenter refutata erunt."

In entering upon an investigation of the subject before me, I find my lot cast upon the *terra incognita* of the map of pathological science. Whether studied as a curiosity or as a mystery, the disease in question opens an interesting field to the mind of the medical philosopher. Its insidious blight is everywhere seen, although it especially delights to revel in the arms of beauty, and to luxuriate with indiscriminate wantonness amid the fairest and loveliest of our race; yet in regard to its essence, the most patient and erudite labors have proved as unavailing as the researches after the philosopher's stone. The very nature of the malady seems to close the door against the possibility of direct and unequivocal proof; and in the present state of our knowledge, theories, arguments and illustrations can only approximate to the truth.

The characteristics of scrofula are these: The skin is always thin and smooth, the complexion various. The blood that spreads such a delicate mantle on the cheek of the fair damsel is regarded by the non-professional observer as a mark of health and beauty, while the physician views it as an evidence of constitutional feebleness and the harbinger of early decay. This delicacy of integument occasions the cloudiness beneath the eye, produced in such habits by slight indisposition, and dependent on remora in the minute veins; the upper lip and columna nasi are thick, because the blood is retained in this vascular tissue; the skin shows the same vascularity in the tarsal glands; the eye-lids droop, and impart to the countenance a pensive but interesting appearance; the pupils are dilated, and the conjunctiva clear and remarkably free from bloodvessels; the head is large, and protuberant at the occiput; the neck short, the lower jaw thick and fleshy; the abdomen prominent; the cuticle desquamates from a blast of cold air, and parches and cracks from the influence of the summer's sun; vicissitudes of cold and heat excite irritation of the cutis, and its absorbents readily inflame; the fingers are tapering; the chest contracted, and the shoulders projecting; the muscles soft and relaxed. The whole exterior betrays a want of energy in the physical constitution, while the mental endowments are often acute and vivacious. Such are the more prominent outward peculiarities, which, collectively, constitute what is termed the scrofulous diathesis. If we look to the interior, we discover the same delicacy of structure and flimsiness of fabric pervading its component parts. The stomach and intestines are pellucid, and the digestion imperfect; the evolution of animal heat is rarely energetic; the parietes of the heart are less muscular than usual, and the circulation is feeble; the coats of the arteries are so thin that the scarlet blood is distinctly seen through them; in the last acts of life they do not empty themselves as in ordinary circumstances, and their deficient tone brings additional weakness upon the circulation. The veins and absorbents are involved in the same feebleness, at least the latter, and hence their glands are liable to diseased action.

It is a prominent feature in the medical writers of the present day to assign a particular and circumscribed habitation for every malady—to construct a sort of phrenological pathology, that shall fit not only the head, but every tissue and ramification of fibre with the utmost exactness. This mode of investigation is by no means without its benefits; for where it can be successfully prosecuted, it is likely to suggest the most efficacious system of practice, and thus enable the physician to lay the axe at the root of the evil he is called upon to remove. But this local study of diseases should not divert our attention from their general phenomena, nor lead us to overlook that mutual and close dependence between the various parts of the body—that continual circle of action and reaction, both in health and disease—that intimacy of connection and harmonious consent of functions, by which the living machine is composed into one perfect whole. In regard to the localization of scrofula, a discrepancy prevails among pathologists. Some suppose that it is peculiar to the lymphatic system, and confined to that alone—and that, other things being equal, it prevails in an individual organ or tissue in proportion as lymphatics constitute a part of their structure. Others contend that its province embraces the entire system, without regard to structure. These rival opinions have been tossed to and fro, like a pendulum, by the arguments adduced by their respective partizans; but thus far every attempt to search for the exact tissue in which this hydra-headed disease, in its multifarious forms, is seated, has proved as abortive as the study employed to find out the ultimate fibre of muscle, or the ultimate globule of the brain. Truth is here so inscrutable and remote —is environed by so many inherent difficulties—that it cannot be brought to bear with sufficient clearness to produce unanimity of sentiment until more light is cast upon it.

The lymphatic glands, especially the mesenteric and cervical, are more frequently the seat of scrofula than any other parts of the body; next to these, the lungs, the spongy portions of the bones, and the structures connected with the joints; but no tissue is entirely exempt. Whether this is in consequence of the presence of a lymphatic apparatus of some kind, we know not. Lymphatic vessels have never been satisfactorily demonstrated in the brain, spinal marrow, eye, &c., but this does not afford proof that they do not exist there; it may be an evidence, merely, that their minuteness prevents anatomical discovery; and whether we admit the existence of lymphatic vessels in every organization or not, it does not follow that the disease cannot overleap their bounds. "It is not unusual," says Baillie, "to find a substance formed in the brain, of a uniform white texture, and possessing a considerable degree of hardness. The brain adheres to this substance, and round its edges often appears harder than usual. The substance is scrofulous, for I have had an opportunity of seeing it converted into scrofulous pus." Louis, Andral, Broussais, &c., have found the brain studded with tubercles which had a lymphatic origin.

This disease, or rather congeries of diseases, often evinces a disposition to restrict itself to some particular part in which the lymphatics are numerous, and would seem to be confined within its limits by some salutary cordon; then, again, a morbid action or deposit, known to be scrofulous, shows itself in some quarter where anatomists have never detected lymphatic vessels.

Scrofula is connected with debility of the vascular system and of the vis vitæ—is of a low inflammatory nature, and is confined to no one organ, tissue or temperament. It may be either hereditary, or produced by causes independent of progenitive agency. The evidence of its communicability from parent to child is unequivocal, and it is needless to offer arguments or cite cases in testimony of the fact. One instance, however, of this inherited infirmity may not be out of place. The father of Dr. Johnson was a man of large, robust body, and of a strong, active mind; yet as in the solid rocks, veins of unsound substance are often discovered, there was in him a mixture of that disease, the nature of which eludes the most minute inquiry, though the effects are well known to be a weariness of life, an unconcern about those things which agitate the greater part of mankind, and a general sensation of gloomy wretchedness. From him the son inherited, with other qualities, "a vile melancholy, which made him mad all his days, at least not sober." The disease of scrofula, under which he suffered in early life, so much as to have his countenance disfigured, and to lose the sight of one of his eyes, was a part of his inheritance, and the direct consequence of his peculiar bodily frame. In him were seen that precocity of intellect and facility of attainment which are so commonly associated with the disease.*

As children resemble their parents in general conformation and the development of peculiar features, we may suppose a like resemblance to exist in minute structure, imparting to it an individuality, subject to similar idiosyncrasies and derangements. Not only is a propensity to scrofulous disease communicable from parent to child, but the malady itself, like the syphilitic virus, may be substantially implanted, and the fœtus in utero may be as much diseased as the mother who bears it. Tubercles have been detected in the lungs of the unborn child, and it is not impossible that scrofula, existing in some of its modifications as an idiopathic affection in the fœtus, may occasion its death and premature expulsion. The modus operandi of the law which presides over this hereditary taint is a problem we cannot solve. If the disease, when hereditary, were always derived from the maternal source, we might better comprehend the mystery, inasmuch as during the period of fœtal life the mother furnishes the supply for the growth of the embryo; but the child is equally liable to receive the taint from the father, who can exert no more agency over its organization, than over the chick in ovo.

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* Boswell's Life of Johnson.

The strumous diathesis may be ingenerate and original in the constitution without ancestral inheritance; for the same agencies, which were sufficient to produce it in the first instance, may give rise to it in others. Whatever is calculated to impair the healthy tone of the system, may lay the foundation of the disease. I have now under my care a young man afflicted with scrofula, and in whom no hereditary taint can be traced. He has, until recently, led a sea-faring life. His complexion is dark. He is one of five children belonging to the same family, none of whom ever exhibited any signs of the complaint; nor yet the parents. This patient's legs have been covered at times with large crops of scrofulous ulcers, during the last four or five years. My knowledge of his habits satisfies me that the disease is chargeable to them. Another case is that of a female, who from childhood was the object of fond parental regard; and while no means were unemployed for the cultivation of her mind, her physical education was comparatively neglected, and, as a consequence, her constitution, naturally slender, has been greatly undermined. For several years she was kept at a crowded boarding school, where little regard was had to pure air, exercise and diet. Her digestive powers first became enfeebled, which in time led to a train of symptoms of uncommon obstinacy, such as constipation, abdominal tumefaction and glandular enlargements. I have long been acquainted with the family of which this young woman is a member, and have no reason to suppose that the scrofulous affections, under which she suffers, are attributable to hereditary predisposition. The health-destroying agencies to which she was subjected in early years, operating slowly and insidiously, afford an explanation of all that appertains to her case, so far as causes are concerned.

It is a matter of medical history, made certain by the investigations of Alison, that scrofula prevails to a greater extent in large towns and cities than in the open country.* What is the reason of this difference? Certainly not because a higher per cent. of hereditary predisposition exists among the same number of inhabitants in one district rather than another, but because of the artificial modes of life incident to the abodes of city residents. Causes dissimilar in kind, but the same in effect, are continually at work among the operatives of extensive manufactories; and hence the prevalence of the disease in these establishments. It were idle to dwell on these causes at length. Every practical man in the profession is familiar with them; and is often compelled to contend with their influence in his efforts to conquer the disease. Take, for instance, an enlargement of the lymphatic glands in the first stage. If the patient live in a close, contaminated atmosphere, and on meagre or unwholesome fare of any description, or if he be under the influence of any cause calculated to bring debility upon the system, every exertion to benefit him will prove nugatory. Judicious hygienic measures constitute the sheet anchor in the case; and it may be laid down as a correct proposition, that those causes which interrupt the cure will produce the disorder.

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* Transac. Edin. Chir. Society, Vol. III.

Scrofula has many features which bring it into near alliance with scurvy. In the latter there is a morbid condition of the fluids, produced by a defective chemical composition of the constituents of the blood. What the essential cause of this derangement consists in, is, in the limited state of our knowledge of the ultimate laws of animal chemistry, difficult to determine. We do not yet understand the chemical nature of that portion of our food, which constitutes the true aliment; but whatever this may be, it is certain that scurvy arises from imperfect nutrition, produced by any cause that prevents the assimilation of food, and the renovation of the sanguineous fluid by a constant supply of healthy chyle. This hypothesis is applicable to scrofula, and hence our opinion that derangement in the associate organs of digestion is one of the most frequent and efficient causes in its production. The digestive apparatus is the grand laboratory for preparing the materials for the support of the animal economy; and if the digestive powers are subjected to the influence of causes, which serve to debilitate them and disturb their proper functions, the process of chylification, being a part of their work, will be partially executed. The blood will consequently be deteriorated in its properties—will be less nutritious—less capable of sustaining and stimulating the general organization, and the vital forces will be depressed. In the disease in question, the specific alteration of the blood consists in too small a proportion of fibrinous matter, and a redundance of albumen, whereby it is rendered incompetent to furnish the requisite supply of nutritive molecules to the various tissues, and maintain in them those impressions which it is its province to sustain. When the circulating current, thus impaired, enters a bone or other tissue, the nutritive vessels, whose office it is to select and appropriate such particles as are proper for the nourishment of the part, must necessarily imbibe a morbific principle, and the part can no longer be said to be in a state of perfect integrity. This lesion of the blood may hardly be appreciable at first, creating simply a liability in the system to assume scrofulous action; and if prophylactic measures, addressed chiefly with a view to improve the digestive organs, be early employed, the predisposition may be neutralized and the disseminated germ destroyed. On the other hand, if the lesion be not repaired, there will be a gradual accession of the prejudicial matter, greater or less in the several tissues according to their susceptibility to be affected by this particular condition of the blood—and either with or without the intervention of any adjunct cause, a series of functional and organic derangements will be set up in the system, and a manifestation of some of the forms of scrofula will be the result.

If by reason of impure air, bad food, or imperfect digestion, the blood is degenerated and unfit for adequate nutrition, the organs most essential to life will often suffer to a fatal extent. So true is this fact, that in the lower animals strumous affections in the lungs, mesentery, &c. can be produced to almost any amount by withholding a sufficiency of food, or by allowing them that which is too rich. Quadrupeds and birds, transferred from their wild state and confined in menageries, where the atmosphere is contaminated and their food too concentrated in form, frequently droop and die with lymphatic engorgements. The same causes produce like effects in the human subject. In large towns the children of the poor suffer for lack of healthy sustenance, while those of the opulent are overfed with all the varieties which the genius of cookery can invent. They also live amid other circumstances calculated to render their constitutions feeble and apathic ; and as the lymphatic system predominates at this age to a greater extent than at any other period, the unfavorable influence of these circumstances appears, first, in the lymphatic glands. Scrofula is a rare disease among butchers ; and the reason is because this class live on a due admixture of vegetable and animal food, and pursue an active life in the open air. Of all artizans in this country, shoemakers are most liable to be attacked with scrofula from artificial causes. The apartments in which they labor are small and usually crowded ; the temperature is raised to an unhealthy degree, and the confined atmosphere largely impregnated with human effluvia and the smoke of lamps and tobacco, as well as with the specific exhalation arising from the material manufactured. Their attitude, in leaning with the head depressed for twelve or fourteen hours a day, and the pressure of the shoes against the sternum, occasion a permanent deformity of the chest and crookedness of the spinal column. These causes induce torpidity in the functions of the stomach and intestinal canal, and the whole digestive apparatus is deranged ; the sanguineous fluid is depraved, its circulation indolent, and the powers of assimilation blunted—the muscles flaccid, the countenance pale and sickly, and the whole constitution atonic.

If the process of digestion be incomplete, the quality of the chyle, and consequently that of the blood, will be impaired. In this deteriorated state it travels its destined circuit, and its influence is impressed upon every tissue ; but containing too small a proportion of fibrine, in consequence of deficient assimilation, it fails to repair the detritus of the different organs, and general debility ensues. It may be said, I know, that this doctrine savors not a little of the obsolete humoral pathology. Granted : nevertheless, it may be true. When exclusive solidism was in its halcyon glory, Bichat remarked that although this humoral pathology had been carried too far in former times, there was no doubt but it was founded in truth, and that in a great many cases we must allow that *all* should be referred to morbid humors.* It is not my purpose to enter the lists in defence of the peculiar system of the Brunonians, or their opponents. Neither, exclusively, is adequate to explain all the phenomena of the scrofulous disease, and neither can hold its ground without the aid of the other.

When we consider the similarity between the proximate principles of the blood and the solid textures of the body, and the intimate physiological connection which prevails between them, it is no easy matter to conceive how disease can exist to any amount in the solids, without the blood being also affected, more or less; nor how the nature and constitution of the blood can be materially changed, without such alteration producing a reflected alteration in the condition of the solids. As it regards vital laws, chemical composition, and internal structure, no line of demarcation can be drawn between them. The solids, considered with respect to their relations to the blood, may be divided into two classes: the one contributing *to make* blood, such as those concerned in the actions of absorption, digestion, arterial circulation and respiration; the other contributing *to unmake* it, those, namely, concerned in the processes of venous circulation, secretion and nutrition.* No solid, therefore, can undergo modification in function or structure without producing some derangement in the properties or quantity of the materials destined to form the sanguineous mass, or to be separated from it. This view of the subject takes away the bone of contention which has so long set the humorists and solidists at loggerheads, and removes all occasion for dispute. The human system constitutes but one important whole, indivisible in a state of health as well as disease; and the division of the several parts into fluids and solids, is, practically, a distinction of minor importance.

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* Introduc. to "Anatomie Générale."

It cannot be denied that the blood experiences essential changes in *some* diseases. In the phlegmasiæ it is fibrinous—grumous in scurvy—serous in chlorosis and in anæmia—and deficient in animal matter in diabetes; and M. Lecanu has shown that in icteric subjects it contains the yellow principle of the bile. "We cannot but regard the blood," says Dr. Good, "as in many respects the most important fluid in the animal machine; from it all the solids are derived and nourished, and all the other fluids secreted; and it is hence the basis or common pabulum of every part; and as it is the source of general health, so it is also of general disease. If imperfectly elaborated, or with a disproportion of some of its constituent principles to the rest, the whole system partakes of the evil, and a dysthesis or morbid habit is the consequence." That the blood in scrofula has less than its proper portion of crassamentum and coagulable lymph, is frequently noticed in dissections; and in attempting to inject a scrofulous subject, the injection will not pass into the extreme vessels, because they contain blood which the last efforts of life had not power to propel into the veins—thus affording evidence of a debilitated state of the vascular system. If blood be abstracted from a strumous patient, it will contain a smaller portion of crassamentum than that from a healthy person. The process of digestion is not so well performed, and this is all to be attributed to the want of good blood to fulfil the different offices of the assimilating system.†

The disease is frequently developed in several parts of the body at the same time; thus, the glands of the neck will be swollen, while tubercles inhabit the lungs or liver, and ulcers cover the legs. These local affections, although differing from each other according to the tissues in which they are seated, depend upon the same constitutional derangement. It is indeed difficult to confine this affection to any one spot, whether the general health is tolerable, or has been impaired by the alterations of nutrition and secretion which have taken place on all sides. There is little chance for the various tissues to escape a development of the morbid influences with which the system is charged. It is present everywhere in the blood—and every process of nutrition and secretion will be modified—every hyperæmia, accidentally produced, will be peculiar in its symptoms, progress and termination, as well as in the effects from therapeutic agents employed for its removal. Every instance of suppuration will throw out a fluid, *sui generis*; all the stages of inflammation will be attempted, and be but partially fulfilled in consequence of deficient energy in the constitution.

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* Andral's Patholog. Anatomy, Vol. I.

† Sir A. Cooper's Lectures.

The anatomical structure of the lymphatics affords facilities for the existence of the disease in them. Their minute membranous tubes anastomose with great freedom, so as to produce a reticular, mesh-like arrangement of their fibres, and their crescentic, valvular folds, formed from the inner coat of their parietes, and their frequent curvatures and convolutions, particularly in the ganglions, are well fitted to impede the circulation of their contents. The bloodvessels are numerous in the glands, and the coats of the lymphatic tubes are thinner here than elsewhere; and the action of these tubes, naturally weaker in that situation, is still farther diminished by the close cellular adhesion which unites the vessels composing the glandular bodies.

In attempting to explain the nature of scrofulous depositions, I am aware that I enter upon uncertain and debatable ground. Our knowledge of morbid action of any kind is extremely limited, and must remain so until we have a more perfect knowledge of healthy growth itself. Tubercles occur most readily in those of a lymphatic temperament, because the lymphatic system is particularly affected by that species of debility, and that morbid condition of the blood, which exist in the strumous constitution. Broussais places their seat in the white capillaries and lymphatic ganglions, and ascribes their formation and growth to irritation in those textures; and this irritation, according to his theory, is excited by sanguineous irritation or inflammation in the adjacent parts. Inflammation, for instance, in the bronchial mucous membrane, will give rise to the formation of these bodies in the parenchyma of the lungs. Other writers contend that the original nucleus is neither in the lymphatic system nor in the mucous follicles, but in the cellular substance.* These discordant views go to corroborate the *fact* that tuberculous matter is confined to no one tissue exclusively. It is of albuminous composition, wherever found, and may be considered as a modification of the nutritive secretions, but incapable of healthy organization. It is not improbable that this substance, pus, and coagulable lymph, are varieties of the same albuminous fluid that is found in the blood—differing from each other in chemical or mechanical composition. Tuberculous matter, then, may be called lymphatic pus, resulting from a low degree of irritation or sub-inflammation in the vessels in which the lymphatic fluids circulate, and whose characteristic property is to assume the concrete state. But let it be borne in mind that its formation cannot take place unless the fluid from which it is separated—the blood—has been previously modified. This fact being admitted, it is obvious that a healthy secreting surface may abstract from the blood, not only the materials of its own peculiar secretion, but also that of scrofulous matter. There is generally weak vascular action in the parts affected—indeed, in the whole system; an action of a lower degree than that required to produce laudable pus; and the strumous matter may be secreted by vessels inflamed in different degrees, or not inflamed at all. It is this disposition of vessels, in different states of activity, to tuberculous action or secretion, that constitutes the scrofulous diathesis in them; and where this prevails, various tissues, but especially the lymphatic, apparently unaffected by inflammation, will frequently be found to contain scrofulous matter. In the spot where strumous action has commenced the formation of tubercles, each living molecule separates from the blood a molecule of albuminous fluid, which, super-added to the molecules already formed, contributes to augment the tuberculous deposits. Thus their dimensions increase by juxtaposition of fresh particles furnished by the surrounding tunics. They remain inert for an indefinite period, and irritation will hardly be perceptible unless they are numerous and are called into activity by some aggressive cause. The constitution, which has given birth to them, being predisposed to their formation, will ordinarily discover but little sympathetic effect on account of them. Their form and consistence vary with the nature of the part in which they are located, and according to the period when they are examined. They are hard and granular in their rudimentary condition—in a state of mollescence in the second period—and in a course of evacuation in the third. These changes are announced during life by corresponding and well-known symptoms, particularly as they are developed in the different stages of scrofulous consumption.

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* "Illustrations of Morbid Anatomy," by J. Hope.

(To be continued.)

TREATMENT OF CLUB-FEET.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Upon looking over a late number of your useful Journal, I noticed a communication, from one of our fraternity, upon the subject of club-feet. I was truly glad to see this communication, and hope it will receive from an enlightened community all that attention which its importance demands. It is really true, that the want of success in the treatment of club-feet has been for a long time among the opprobria of our profession; and he who will reduce the catalogue of those difficulties, which have heretofore been considered incurable, will deserve well of society.

In Europe, for several years past, especially in Great Britain, France and Germany, institutions have been formed expressly for the treatment of distorted feet, and their kindred maladies; and it appears from the language of their journals, that their success has been equal to their efforts. Nor is it merely in Europe, that an increased attention has been paid to this subject; but much has already been done in the United States. We find cases reported, which have been successfully treated, in Connecticut, New York, Pennsylvania, Virginia and South Carolina. We do not know of any one, however, who has devoted so much time and attention to the subject, and who has expended so much for machinery, casts and drawings, as the author of the communication to which we have alluded; and the ardor with which he has pursued the subject, and seems now to be pursuing it, is really worthy of commendation.

The number of club-feet among us is greater than is generally supposed. Probably not less than half a dozen cases might be found in every town. If such be the case, there is certainly, then, a large number in the whole Commonwealth. Whoever will restore these individuals to usefulness and happiness, is worthy of the kind wishes and generous feelings of the community. We certainly wish the gentleman success in his endeavors, and sincerely hope that he will find a reward for his labors, equal to his skill and exertions.

The printing of his communication in the pamphlet form, and the circulation of it among the people generally, would bring it before the eyes of many who would otherwise never see it; as the number of those who read medical journals is very small, when compared with the whole mass of the population. A SUBSCRIBER.

Nov. 1839.

ANEURISM SPONTANEOUSLY CURED.

A GIRL, 16 years old, a fortnight previously to entering the hospital, received a blow from a playmate with a Chinese pillow (which is a cylindrical apparatus of bamboo), upon the left temporal artery, high on the forehead. There was at the time a flat tumor extending nearly to the ear, to the outer angle of the eye, and down upon the cheek. A fluctuation was felt, but no pulsation except a very slight one in the temporal artery, extending about an inch from the wound. There was neither pain nor redness. Aware that if necessary the artery could be readily divided or taken up, a small incision was made through the integument at the most prominent point, and a small probe introduced, upon an elastic membrane, which yielded to pressure, but immediately resumed its place as that was removed. A lancet was introduced perpendicularly just sufficiently to puncture the membrane. Arterial, mixed with streaks of coagulated, blood escaped. Sponges of cold water were applied to the surface and styptics to the puncture; the hemorrhage stopped without difficulty. Three days after this the aneurism was carefully examined, and was not a little handled. It was concluded to take up the artery in a few days, but on entering the ward next morning, several patients exclaimed that the tumor was half gone. A very perceptible diminution had taken place, and a small hard *ball* formed an elevation above the injury of the artery. An evaporating lotion was applied during a few days, and the swelling gradually lessened. A compress and bandage were then substituted, and in a fortnight, when the hospital was closed, the whole had disappeared, except the remains of the *ball*, now less in size than a tamarind stone; and no inconvenience was felt.—*Report of Macao (China) Hospital.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 13, 1839.

YELLOW FEVER OF GIBRALTAR.*

The translator says, page xii., &c., "I know Dr. Louis often spends hours examining and questioning a patient, recording at the bedside the results. Intense love of truth directs his labors; he confines himself to facts and exact terms; his system of analysis, deduction, reserve and suspension of judgment is rigorous. He is disgusted with conclusions from analogy, giving warning to light minds who are too eager to draw conclusions. He sets forth the care and time necessary to observation, to satisfy cautious minds, neglecting no detail of symptoms or lesions; that no anatomical research can be the source of solid instruction unless all the organs have been examined and described with details; that in diseases there is something besides the lesions; the most constant of them in yellow fever cannot be appreciated in the present state of knowledge."

Of the 31 cases which Dr. L. relates, 14 are the reports of others; 4 he considers not as of yellow fever; one, probably not. "The diagnosis has often been erroneous; many cases called sporadic yellow fever do not belong to it.

In anatomical examinations of the dead, 1, 2, 3, 7, 8, 11, he finds no explanation of the death; in No. 17 he finds it in the co-existence of several lesions.

The yellowness of the skin takes place without impediment of the biliary ducts; it was not a constant symptom, even in fatal cases; it was found in those who died of a very different disease.

Some cases presented a character of mildness calculated to deceive the patient, attendants and physician. Patients died without taking to their beds, on foot, as it was expressed by their friends. Dr. Mathias experienced no other symptoms but severe pains in the calves of the legs and suppression of urine. His mind was perfectly clear during the whole course of the disease, he noticed the suppression of urine, dictated three or four letters to a friend, begged him to write rapidly the last, that he might sign it, then devoted a little time to affectionate intercourse with him; soon after, unable to speak, he thanked him by a sign, and in a quarter of an hour died, after three or four days illness."

"In 19th case, had we not known what prognosis is to be drawn from black vomit, we should have hoped for recovery when the patient was on the border of the grave."

"This kind of latent condition of the yellow fever does not distinguish it from the acute diseases of Paris, which also are often obscure, and their symptoms mild. But it is remarkable on account of the rapid progress of the disease, usually fatal from the fourth to the sixth day. And this reminds us of poisoning by arsenic; individuals retained their clearness and calmness of mind from the moment of swallowing the poison until death."

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* Researches on the Yellow Fever of Gibraltar of 1828. By Charles A. Louis, Physician to the Hotel Dieu of Paris, &c. Translated and now first published from manuscript, by G. C. Shattuck, Jr., M.D., Member of the Society for Medical Observation at Paris; M. M. S. Little & Brown. 1839.

Bloodletting is less properly the remedy of hemorrhage than is generally believed; black vomit and black stools were not less frequent when physicians bled largely, than when they had nearly abandoned bleeding; and there are other reasons for abstaining from it.—Experience has proved that no dependence is to be placed on mercurial preparations.—We cannot calculate on treating the disease by any established mode or formula; we must profit by all that experience or chance may teach. We can hope for only moderate success against a part only of the trouble, that which is apparent; it is against an unknown cause that agents are to be employed.

The disease was less severe in women than in men, much less in children than in adults. The black vomit, which in men was the almost certain harbinger of death, took place in a great many children who recovered.

An attack of yellow fever preserves from a second as effectually as an attack of smallpox preserves from a second of that disease, even after 24 years. Those who were slightly ill only a day or two in epidemics before 1828, were equally preserved from another attack. At Gibraltar, yellow fever was epidemic in 1810, 21, 25. In 1828, several persons, even physicians, exposed their children to it, being convinced that it is milder in infancy than afterwards.

That yellow fever is contagious is beyond our facts. That nurses retain their health is no proof of non-contagion, unless it appears that they never had the fever. It is customary to select nurses from those who have had it.

It will be to Dr. Louis a high gratification that a copy of this work is presented to every member of that numerous body, the Massachusetts Medical Society, making, with the Boylston Prize Dissertations, two vols. of the Library of Practical Medicine.

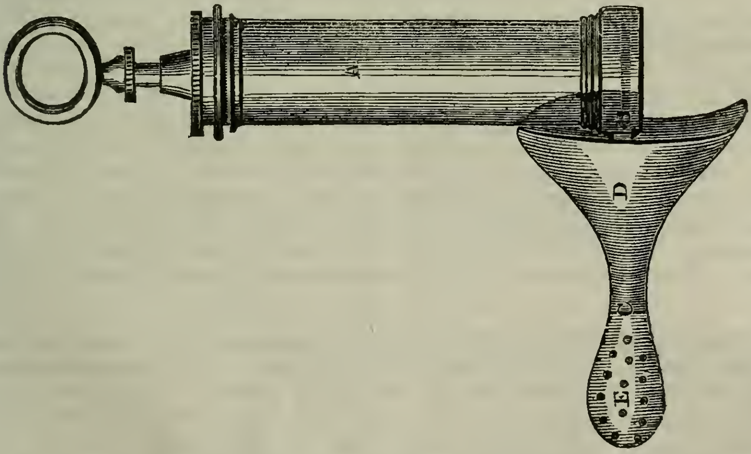
Phrenology not opposed to the Principles of Religion.—A lecture, of fifty pages, octavo, written by William Ingalls, M.D., of Boston, is circulating very freely, having the following title: "A Lecture on the subject of Phrenology not opposed to the principles of Religion, nor the precepts of Christianity." From the little we have been able to read, we are favorably impressed with the general features of the production, as a literary and philosophical performance. With his happy mode of illustration, the doctor has brought together some curious, and to the practical phrenologist, we apprehend, important facts, the result of his own critical observations. These, when added to the accumulating mass of knowledge in this department, must greatly strengthen those who are reasoning with mankind, to prove that the brain is a congeries of organs, and that phrenology is not opposed, as many believe, to the principles of religion. Notwithstanding the beauties and cogent reasonings which characterize some of the pages, it is pretty certain that Dr. Ingalls has un-capped a volcano, with reference to the general notions of certain religionists—but if he is careful to stand outside the crater, he will suffer nothing from explosions. We object most strongly to the last fourteen lines of the forty-eighth page. The character of our Saviour is not to be thus commented upon, under any circumstances whatever.

Medicinal Springs of Virginia.—We are gratified that Dr. Hayward's valuable observations on the Virginia Springs, which were published in this Journal a few weeks ago, are now ready for distribution in the form of a pamphlet. Their circulation will have a good influence, and save many invalids from making an expensive and unnecessary journey, while it will explain, in the simplest manner, what cases will be benefited by the use of all or any of these celebrated waters. The pamphlet may be obtained at this office.

Library of Practical Medicine.—Volume X., in the series distributed to the members of the Massachusetts Medical Society, is nearly ready for distribution. Those entitled to copies (and all fellows are) may receive them on application to C. C. Little & Co., No. 112 Washington street, Boston. As soon as there is room to be had in the Journal, we shall endeavor to introduce parts of a report made to the Counsellors, at the last meeting. It relates entirely to the doings of the medical delegation which assembled at Worcester in July last.

New Catalogue of Fellows of the Massachusetts Medical Society.—By direction of the Counsellors of the Massachusetts Medical Society, a committee have in preparation a new catalogue of the fellows—and that it may be as correct as possible, the gentlemen who are plying the laboring oar earnestly request those who possess information, to notify either of the secretaries of any death or removal, not noticed in the last catalogue, which might possibly escape the recollection of the committee.

Vaginal Syringe.—The superiority which this instrument, invented by Dr. Heber Chase, possesses, consists in its perfect adaptation to the anatomical form of the external organs of generation.



A, the cylinder, is about five inches in length, with a calibre of one inch. Projecting from its lower extremity, B, at an angle of about eighty-five degrees, is a tube of one inch and a half in length, and six lines in diameter, terminating at C by a male screw in the shield D, now to be described.

In the original model of this instrument the shield is bent at C, thereby throwing the point of the instrument E, upward, as mentioned in the description.

The shield is of a conoid form, produced considerably near the truncated summit, and laterally compressed, about four inches in length, half an inch in diameter at the apex, and it has about three inches vertical, and two inches transverse diameter at its base. The superior extremity of the vertical diameter rests against the cylinder of the instrument, while the inferior extremity is carried backward and downward, so as to press on the perineum a few lines posteriorly.

Upon the extremity of this shield is placed a bulbous tube E, extending about one half of the whole length of the shield. This tube extending from its connection with the shield at C, is gradually increased towards its extremity, and terminates with a diameter of ten lines, where it is perforated by from twelve to fifteen holes all around its bulbous extremity.

Directions for Use.—The bulbous extremity of the instrument should be introduced into the vagina, and carried backward and upward nearly or quite to the os uteri, the base of the shield closing the vagina at its orifice. When the contents of the syringe are thrown into the vagina, the fluid, of whatever nature, is projected not only against and around the os uteri, but cleanses also, by means of the numerous orifices in the bulb, the other parts of the canal, while the shield prevents its rapid escape.

The advantages arising from such a combination of parts in this instrument, will be seen at a glance by the practitioner; and, aside from the good resulting from keeping the organs in a cleanly state, great advantage will be derived in diseases of those parts by the use of medicinal liquids, which can be thus applied with sufficient force to reach all parts with certainty.

New Hampshire Asylum for the Insane.—A few days since the following paragraph was cut from a country paper. What does it mean? "The location of this State Institution, so much needed in a State where the miserable victims to mental alienation are still suffering under the barbarism of dungeons and chains, has been a subject of keen contention. The corporation, it appears. wished for the principal sea-port, Portsmouth, as the offer of $23,000 by the town, as a bonus, would be obtained, and for other reasons; but they had unwittingly chosen trustees, without reference to this question, and these gentlemen assumed the right of location, and went *discordantly* for Concord, against the general wish. A minority of the trustees now protest, and thus the matter rests, while the poor sufferers for whom relief is intended remain immured in their cells."

Medical Miscellany. — The Turkish government has established a quarantine, with certain charges for its support, at Constantinople.—Yellow fever is making alarming ravages at Houston, Texas.—Dr. Cutter, of Pepperell, Mass., has associated himself with Dr. C. E. Parker, a former pupil. It will be recollected that Dr. Cutter is the proprietor of a very excellently-conducted lunatic asylum, which must necessarily be a gainer by the acquisition of Dr. Parker.—New remedies, the last work of Dr. Dunglison, is making friends everywhere.—Medical lectures commenced at Willoughby, Ohio, on Monday last.—Sir James Clark, the Queen's physician, has published a statement relative to the case of Lady

Flora Hastings. The facts set forth by him, exonerate him, says one account, from all censure, without implicating the queen or any one else. —A remarkable case of somnambulism is related, in the November No. of the American Medical Journal, by Dr. S. H. Dickson, of South Carolina. A similar one existed in Wrentham, in this State, some months since, a report of which we had hopes of receiving before this time.

To Correspondents.—The papers of Drs. Mettauer and Allen have been received, and will be inserted as soon as room can be obtained.

Died,—At Houston, Texas, Dr. Edward R. Anderson—a distinguished physician and useful citizen of the new republic.—At Quincy, Illinois, Dr. S. S. Wilder, late of Boston.—At Guayama, Porto Rico, Dr. J. Weeden, late surgeon in the Colombian Navy, formerly of Boston.

Whole number of deaths in Boston for the week ending Nov. 9, 21. Males, 8—females, 13.
Of consumption, 3—apoplexy, 1—inflammatory fever, 1—brain fever, 1—teething, 1—angina pectoris, 1—croup, 1—infantile, 4—debility, 1—erysipelas, 1—scarlet fever, 1—paralysis, 1—typhous fever, 1—inflammation of the lungs, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1839. October.		THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
		Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.			H'st	L'st	
1	Tues.	36	56	50	29.72	29.71	29.70	S W	Fair	35	55	
2	Wed.	38	62	56	29.62	29.45	29.40	S W	Fair	56	62	Frost in low grounds.
3	Thur.	48	68	62	29.27	29.20	29.17	S W	Fair	57	67	
4	Frid.	54	58	50	29.23	29.37	29.48	N W	Fair	54	57	Frost.
5	Satur.	32	47	46	29.75	29.89	29.94	N W	Fair	30	48	Severe frost.
6	Sun.	28	53	51	30.04	30.10	30.05	S	Fair	27	55	Do.
7	Mon.	34	60	57	29.95	29.83	29.78	S W	Fair	32	63	Trees begin to put on autumnal
8	Tues.	44	67	65	29.65	29.63	29.60	N W	Fair	42	68	hues. Weather very fine.
9	Wed.	52	65	61	29.55	29.50	29.49	N	Fair	48	66	
10	Thur.	53	65	65	29.38	29.38	29.42	N W	Cloudy	49	67	Shower at 3 P. M. Aurora bor.
11	Frid.	44	60	54	29.63	29.65	29.64	N W	Fair	41	64	
12	Satur.	46	52	48	29.66	29.61	29.56	S E	Rain	44	59	
13	Sun	52	66	63	29.36	29.36	29.36	S W	Cloudy	47	70	During the storm of 2 days the barom. rose steadily from 29.38 to 29.56.
14	Mon.	56	52	50	29.38	29.43	29.45	N E	Rain	51	57	
15	Tues.	48	51	51	29.48	29.56	29.58	N E	Rain	48	54	
16	Wed.	41	61	60	29.72	29.75	29.75	N W	Fair	41	66	Foggy morning.
17	Thur.	43	67	61	29.74	29.68	29.64	S W	Fair	43	67	
18	Frid.	52	70	65	29.65	29.60	29.60	S W	Fair	51	70	Sun set in a cloud. Halo around the moon.
19	Satur.	58	66	66	29.46	29.32	29.30	S W	Rain	52	68	Showery afternoon.
20	Sun.	38	41	39	29.68	29.84	29.90	N	Fair	37	42	
21	Mon.	26	41	40	30.07	30.12	30.08	N	Fair	26	42	
22	Tues.	26	50	48	30.03	29.95	29.87	S W	Fair	26	54	Aurora borealis.
23	Wed.	37	60	55	29.78	29.72	29.65	S	Fair	37	62	Halo around the moon.
24	Thur.	50	70	65	29.38	29.35	29.35	S W	Fair	48	70	Smoky atmosphere. Sun set in a cloud.
25	Frid.	41	54	52	29.58	29.64	29.65	N	Fair	41	54	Smoky days.
26	Satur.	41	56	55	29.72	29.70	29.69	S W	Fair	39	56	
27	Sun.	49	66	60	29.58	29.54	29.50	S W	Fair	48	66	
28	Mon.	54	64	60	29.38	29.30	29.28	S W	Fair	52	64	
29	Tues.	40	57	53	29.38	29.34	29.33	N W	Fair	40	57	
30	Wed.	41	54	50	29.30	29.22	29.20	N W	Fair	41	55	
31	Thur.	42	51	50	29.15	29.16	29.19	N W	Fair	42	51	

The month of October has been very pleasant, the temperature uniform and mild. There has been little rainy or cloudy weather. The range of the thermometer has been from 26 to 70; that of the barometer from 30.12 to 29.15. The season has been very favorable to the husbandman, for the ingathering of the fruits of the earth.

LECTURES ON MORBID ANATOMY.

Dr. J. B. S. Jackson will commence a course of Lectures on Morbid Anatomy to-morrow, at 3 o'clock, P. M., to be continued on every succeeding Thursday during the term of the Medical Lectures.

They will be given at the room of the "Boston Society for Medical Improvement," No. 35 Tremont street, and will be illustrated by specimens from the Society's cabinet, by recent specimens, and by the works of Cruveilher, Carswell, Hope and others.

Tickets, at $3 each, may be had of Dr. Jeffries Wyman, at the Medical College, or of Dr. Jackson, to-morrow afternoon, before the lecture.

Wednesday, Nov. 13, 1839.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery and on diseases of the eyes, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished

JACOB BIGELOW,
EDWARD REYNOLDS,
Boston, May 15, 1839. 2am6m D. HUMPHREYS STORER,
OLIVER W. HOLMES.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
Oct. 31—eptf GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers. M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
Oct 9—eop H. G. WILEY, M.D.

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
Oct. 9—tf J. MASON WARREN.

THE CHASE INFIRMARY

FOR THE TREATMENT OF HERNIA, AT CONCORD, N. H.

The perfect retention of the bowel is here guaranteed in all cases of *reducible* hernia, and a *radical cure* may be expected, except in cases of long standing in aged people. The attendance of the patient is required no further than to afford opportunity, by means of a suitable instrument, to adjust the degree of pressure necessary to ensure the certain retention of the bowel, provided the patient immediately report himself should a re-appearance of the hernia, or too much inflammation, render a different adjustment of the instrument necessary. THO. CHADBOURNE, M.D., *Concord, N. H.*

References.—Amos Twitchell, M.D., Keene; Matthias Spaulding, M.D., Amherst; Oliver Perry, M.D., Exeter; C. A. Cheever, M.D., Portsmouth; William Burns, M.D., Littleton. A14—

TREATMENT OF HERNIA.—E. W. Leach, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

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THE

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DR. DURKEE'S REMARKS ON SCROFULA.

[Continued from page 225.]

The proper lymphatic glands, as those of the neck, mesentery, &c., are most commonly affected with enlargements at an early period of life. In these glands the scrofulous leaven finds ample *materiel* through which to diffuse itself. The vessels which enter into their composition act with diminished power—their contents accumulate—the most liquid portion alone penetrates through them, while the grosser particles of albuminous or lymphatic matter remain and become a source of chronic irritation. The fluids, appropriate to their structure, concentrate towards the seat of irritation, absorption is partially suspended, and a gradual congestion takes place precisely in the manner that blood, in a plethoric habit, will accumulate around the point of irritation and produce sanguineous congestion and inflammation. This disease of the mesenteric ganglions constitutes the tabes strumosa. Some pathologists believe that the extreme emaciation, which always accompanies this condition of the mesentery, is produced by total obstruction of the glands through which the chyle must pass in its course to the thoracic duct. That this wasting is not thus occasioned, appears from the fact that some children, in whom mesenteric tumefactions can be felt in the form of protuberant knots in the abdomen, have survived many years, and at last died of other complaints; besides, injections pass through the glands with facility. May not the atrophy, as well as the voracious cravings for food, arise from deficient chylosis, interrupted by irritation or sub-inflammation of the mucous membrane of the intestines; from the derangement attending on absorption caused by lesion in the tissue from which the lactiferous vessels originate; and from the faulty assimilation produced by the morbid state of the lacteals themselves, especially the mesenteric ganglions?

When the glands of the neck, groin, &c., enlarge and proceed to suppuration, they exhibit great uniformity of symptoms. The tumor at first is somewhat hard, indolent and moveable. It gradually passes into its second stage, takes on inflammation, and finally ulcerates. Before ulceration occurs, the skin becomes of a dark leaden hue, similar to that round venereal sores, and which marks debility of the system. This livid color remains after the ulcer has healed. The evacuation is thin, gleety, lactescent or caseous, but never strictly purulent. The ulcer has smooth, obtuse edges, which overhang its borders—its base is deep, with granulations loose, glossy, and deep pink or rose colored—and is not painful.

The same remote and proximate causes that produce scrofulous affections in the soft parts, extend the same malign influence to the bones. The materials for their nutrition and health, as well as for every other tissue, are derived from the blood; and if the digestive economy have fallen into disability to yield a constant supply of this fluid, in a normal state, to the bones, they will experience that derangement in function and structure, which constitutes the scrofulous malady in them; and it is important to keep in view the entire etiology of this disorder, because a regard to it will help to form a basis on which to build a correct system of therapeutics. Scrofula in the bones, then, depends upon that general malaise of the system which gives rise to it in the other structures. It usually shows itself at an early age, and will almost invariably be seen in combination with those constitutional symptoms which common consent has pronounced to be its peculiar characteristics. The lymphatic glands of the neck, mesentery, &c., will be enlarged, and the whole aspect of the patient will show the diathesis. The cancellous structure of the bones is the part primarily affected, in consequence of which, ulceration takes place in the cartilages surrounding the articulations. The bones become preternaturally vascular and soft; and as the blood does not transmit the requisite amount of proper nutriment, they contain a less than usual quantity of earthy matter. The cylindrical bones, and those composing the vertebral column, are most frequently diseased. Brodie denies that the cranial bones are ever the seat of scrofulous inflammation. This statement, however, is opposed by the high authority of Drs. Johnson and Benjamin Bell.*

In the *treatment* of scrofula we have no *magnum remedium,* possessing catholic virtues, whatever texture or constitution may be invaded.

The first indication is to invigorate the system. Scrofulous patients require both medicines and diet of a more stimulating nature than ordinary subjects. It is remarked by Sir Gilbert Blane that wine, strong malt liquors, and a free use of animal food, which in other persons would excite heat and repletion, have been found to constitute the most salutary system of diet in scrofulous temperaments. Although not disposed to acquiesce implicitly in the statement of Sir Gilbert in regard to the above named beverages, I am satisfied, from observation, that if individuals of scrofulous diathesis indulge in their use even to excess, they receive less physical injury than would be experienced by others from a like indulgence. But considerations of a moral character should make the physician cautious as to the class of stimulants and cordials which receive his sanction.

The train of morbid actions commences in the digestive organs, and in a simple state of scrofulous constitution, before any special local affection is developed, much may be done by rigid attention to diet, air, exercise and cleanliness. Generous aliment should be provided. Scrofulous children require liberal nourishment in order to promote their regular growth, which constitutes the most important function at this age. Animal food is more nutritive and stimulating than vegetable; that is, the same quantity of the former will make more and richer blood, and will satisfy the demands of the digestive organs for a longer period, than the latter; experience has, however, demonstrated that a mixture of the two is most conducive to health. Some writers consider milk unfriendly to persons of scrofulous temperament, but I know of no rational objection to its most liberal use; on the other hand, no one article of diet is so wholesome and valuable as this. It contains an admirable union of animal and vegetable properties, and holds a middle rank between the two; it affords a gentle and salutary stimulus to the stomach, is easy of digestion, yields a rich supply of chyle, and is peculiarly fitted for restoring a debile constitution, and for every purpose of preserving health. It fully maintains the robustness of the system, without any of the disadvantages which result from an excess of animal food, on the one hand, or the diminished strength and vigor which would be the effect of a strictly vegetable diet, on the other. Children confined to this article as their principal food, instead of being weakly, pale, and stinted in their growth, will be found stronger and in every respect more rugged, than those pampered with the delicacies of a sumptuous table. I seldom meet with a scrofulous patient who cannot advantageously take milk under some of the modifications of which it is capable. If the stomach is troubled with acidity, and an alkali is needed, lime water or carb. magnesia may be added; if it produces an astringent effect, it may be taken with a small quantity of oatmeal gruel.

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* Med.-Chir. Review, No. 20, p. 409.

The numberless compounds of rich cake, pastry and sweetmeats, the high-seasoned dishes, and the various other unnatural mixtures, which a refined cookery brings to our tables in so many tempting forms, but which irritate and exhaust, rather than fortify the tone of the digestive powers, should be interdicted as so many "abominations."

The prophylactic influence derivable from pure fresh air, is a matter of no small importance. Without this, the requisite arterialization of the blood cannot be effected; and the physician should not lose sight of the advantage to be gained by placing the patient, if possible, in a rural situation, where a clear, salubrious atmosphere can be enjoyed.

Immediately connected with this subject, is that of exercise. This stands at the head of all the branches of regimen, especially as it relates to those in whom the disease has not assumed a serious local character, or advanced to the inflammatory stage. Digestion, assimilation, secretion, circulation—indeed, all the functions will be promoted, and the whole system daily gather strength and firmness, from physical exertion in the open air. That kind of exercise is most beneficial which enlists the greatest number of muscles, agitates the general frame, and compels the individual to vary his position so that the abdominal viscera may participate directly in the motions. It should be accommodated to the existing powers of the patient, and gradually increased as strength and agility are acquired. Sydenham promised to cure every disorder by putting his patient on a horse. If circumstances forbid the employment of out-door exercise, external frictions assiduously applied, shampooing, &c., will furnish valuable substitutes. Muscular effort demands the presence of arterial blood, and the mere circumstance of calling the muscles into activity, makes the pulsations of the heart full and strong, quickens the circulation, and augments the supply. This increase, in its turn, enables the organs through which the blood is distributed to act with greater energy and effect, and the augmented action produces a corresponding exhalation and waste. To renovate the sanguineous mass, thus deprived of its nutritive properties, a greater amount of food is required—the promptings of the appetite become more imperative, and the process of digestion more vigorous and successful. The aliment received into the stomach is more readily converted into perfect chyle—its absorption and transmission into the circulating current is more rapid—respiration becomes deeper and more frequent than before—the blood speedily undergoes its full and appropriate change in the lungs, and in its passage through the system stimulates all the vital functions into easy and harmonious play. These results, so auspicious to the scrofulous constitution, are almost sure to flow as a natural consequence from a judicious plan of exercise.

In our attempts to prevent an active incursion of the disease, much can be accomplished by attending to the condition of the cutaneous membrane. The sympathetic bond which unites the different organic functions is nowhere more visible than in the relation between the skin and digestive apparatus. If the exhalent vessels of the former be interrupted in their office, so as to prevent them from conveying the perspirable fluid to the surface, the mucous membrane and chyliferous vessels of the intestines and the glands of the mesentery will become irritated, the several processes of digestion will be incomplete, and the peristaltic action irregular; and no treatment, directed to the chylopoietic viscera, will be likely to succeed, until the natural course of the cutaneous transpiration is restored. I have long been persuaded that the agency and influence of the skin over the internal organs, especially the digestive, have been too frequently overlooked in this disease. In mesenteric obstructions and glandular enlargements, the happiest effects may often be obtained from the continued use of baths, affusion or sponging, while at the same time the diet and habits of exercise are properly regulated. The sponge, with warm water and soap, or warm salt water, joined with friction of the body with a coarse napkin or flesh brush every second day, is the safest and least objectionable mode of preserving the necessary cleanliness of the skin and keeping up its due function. In a majority of scrofulous constitutions the circulation in the extreme vessels is seldom sufficiently vigorous to secure reaction after the cold bath.

Flannel should be worn next to the skin. Besides serving as a defence against the sudden abstraction of the animal heat during the variations of our capricious climate, it produces a gentle irritation on the surface at every movement of the body, and maintains a salutary action on the cutaneous vessels.

The combined advantages arising from a correct system of dietetics, from habitual and varied exercise, and from a scrupulous regard to personal cleanliness and warm clothing, will often be found adequate to the exigencies of the scrofulous invalid; they will at least do more for the patient, during the first period of the disorder, whatever be its variety or locality, than all the reputed specifics. This hygienic discipline will gradually improve all the languid functions of the body. The digestive powers will execute their charge with fidelity, and those of assimilation will thus be relieved of embarrassment; the blood will be duly elaborated, the amount of nutrition will exceed that of waste, and the whole bodily frame will be raised to a higher degree of health and elasticity, and its susceptibility to an active development of the disease greatly diminished. So long as scrofula manifests itself through the characters peculiar to the lymphatic temperament, and by an interruption or inertness, more or less difficult to perceive, in the function of the part implicated, the most we can do is to employ such means as are suited to fortify the constitution, and thereby, if possible, effect the resolution of the malady. This course is always judicious—always safe. Everything that may irritate the stomach and bowels, such as elixirs and alcoholic medicines, should be avoided in the first or inert stage of the complaint, because they will be likely to hasten it on to a state of inflammatory action. As a substitute for spirituous tinctures, the aqueous preparations of cinchona, gentian, simarouba, &c., should be prescribed. They contain all that is tonic in these substances, and are free from the peculiar qualities contained in the vehicle to which I object. A few grains of rhubarb should be given occasionally with either of the above preparations, to preserve the bowels in a soluble condition. The following combination is good, where an aperient is required. R. Carb. sodæ, ʒ ss.; pulv. gm. guaiac., rad. rhei., āā ʒ iss. M. Ft. chart. No. xii. Two or three to be taken every second day in ʒ i. of syr. rhei comp.

If the *glands of the neck*, *groin*, *&c.*, become painful and inflamed, the treatment must be similar to that of inflammation arising from any adventitious cause. To prevent the threatened suppuration and dissipate the tumors, topical remedies, almost without number, have been tried. Leeches, and an evaporating lotion of the liq. plumb. sub-acetat. with spirits of wine and water, are the best local applications. Their use should be combined with mild cathartics. The submuriate of mercury with scammony, jalap or rhubarb, every third or fourth day, is recommended by many practitioners; but as the object at this stage is simply to remove inflammation, I prefer the sulphate of magnesia dissolved in a liberal quantity of infusion of chamomile or gentian, and given, cold, in divided portions. For young children who cannot readily be prevailed upon to take this saline mixture, the following will be convenient. R. Pulv. rad. rhei, magnes. calcin., āā gr. iv.; submur. hydrarg., gr. ij. vel iij. Mix, and give night and morning in ʒ i. syr. sennæ, or syr. rhei comp. every third day. The dose can be varied according to age. The practitioner should be on his guard not to urge his remedies too far. The cooling applications should be so managed as not to reduce the temperature below the healthy standard. Too great a degree of cold will produce an unprofitable chill in the whole system of a weak scrofulous patient, and if the glandular enlargement be considerable, will diminish the vitality of the part and increase its disposition to suppurate.

For the same reason the use of leeches and cathartics should be moderate, though often repeated. When the progress of the tumor is arrested, its absorption should be attempted by stimulating liniments, small blisters, and frictions with the bare hand. A solution of sulphate of zinc— ʒ ij. to ℥ viii. of soft water—applied two or three times a day, is very beneficial from its cooling effects and the gentle stimulus which it imparts to the surface. Warm salt water baths, used with soft flannel rags, and kept on the part for an hour, night and morning, are sometimes very useful, and always grateful to the patient.

The liquor potassæ has enjoyed a high reputation as a deobstruent. Given in as liberal doses as the stomach will bear, at short intervals, it sometimes succeeds in discussing the tumors when unattended with pain or any considerable symptomatic fever. It is contra-indicated when increased vascular action is present. Iodine has for some years attracted much attention, and been subjected to every variety of test in this disease. Its fortune has thus far been various. In 1831 M. Lugol, of Paris, who had every facility in the extensive wards of the St. Louis Hospital, dedicated exclusively to the treatment of scrofulous maladies, published the results of his experiments with this remedy in different forms. These results appear truly astonishing as it regards the success which followed. His statements are verified by Magendie and others. The same pharmaceutic compounds used by Lugol, have been tried by surgeons in this country and England, but seldom with any decided advantage, amounting to a cure. During the first period of lymphatic enlargements, a small quantity of the hydriodated potas. ointment, or the iodate of zinc ointment, rubbed upon the tumors night and morning, will sometimes act favorably and with promptitude. The tincture may also be serviceable at this stage; but if the irritation become raised to the second or inflammatory stage, which is marked by heat and redness in the tumefied ganglions, iodine in any form will be improper, as it will be likely to hasten suppuration.

All remedies employed to prevent suppuration will frequently prove unavailing, particularly in irritable habits. This event may be anticipated when the tumor increases in size and the skin looks red. As soon as fluctuation is perceptible, a small puncture should be made in the abscess. It is advisable to afford an exit for the matter as early as possible; for if we delay, the cellular membrane may be destroyed to a considerable extent, and the abscess will be apt to spread in a lateral direction instead of approaching the surface; the death of the skin will also ensue, and a sloughing ulcer be established. This occurrence will be more likely to happen when matter does not form within the substance of the diseased gland, but around it—the gland itself remaining entire, and undergoing no diminution, even after the escape of the matter. If sloughing sets in, the tinct. benzoin. comp. will be the best external application. Pieces of lint should be soaked in it, and applied twice a day. It is sometimes necessary to dilute it with warm water. If the abscess be indolent, a solution of the sulphate of zinc—one scruple to a pint of water—cautiously injected every other morning, will cause healthy granulations to shoot up, alter the quality of the secretion, and effect a mutual adhesion of its parietes. It should also be washed daily with a decoction of carrots. The application of judicious compression to keep the parts in apposition, is likewise essential.

If scrofulous ulcers are extensive and of long continuance, they exert considerable influence over the constitution, and they cannot always be suppressed without danger. When, therefore, we attempt their cure, it becomes necessary to sustain the patient with food of nutritious quality, and at the same time direct gentle purgative medicines with a view to establish derivation from the alvine canal and other important organs. These ulcers require great care on the part of the surgeon. Their granulations are endued with a weak vitality, and are apt to be suddenly destroyed without any assignable cause. When stimulated by topical remedies, they undergo a favorable change, become more compact, lose their thin glossy aspect, and the cicatrix is more firm than when healed by any other mode.

A strong solution of argent. nitr., or the solid caustic, may be touched on lightly every day, or every other day, with good effect. The ung. hydrarg. nitr. and the ung. hydrarg. are good, particularly the former. The basilicon ointment is also one of the best topical applications. The ulcers will frequently receive the utmost benefit from a covering of soft, dry lint moderately confined in the cavity by diachylon plasters; or the lint may sometimes be saturated with the yellow wash. I have frequently found the application of soft cloths soaked in warm water useful. Let the part be exposed to the vapor for twenty or thirty minutes twice a day. Equal parts of prepared chalk and finely-pulverized rhubarb, sprinkled freely on the base of the ulcer, may be used to advantage. If the ulcer yields but a trifling exudation, as is usually the case with those of ancient date, the powder, as well as dossil of dry lint, if not disturbed in the dressing, will adhere to its surface for several days; and it is a judicious plan not to renew either of these applications until they are cast off by the suppurative process, or come away with the incrustation which may form.

The different preparations of creosote have lately been introduced as topical remedies of surprising utility.* The potent qualities of the article are well known; but I am a stranger to its claims here. Probably they are on the same footing with those of pyroligneous acid.

Compression, according to Baynton's contrivance, is a therapeutic agent employed with the most favorable results. The ulcer should first be dressed with some of the remedies mentioned, and then covered with adhesive straps in a manner that shall produce considerable pressure. Suppose the leg to be the seat of ulcer. It should be shaved and wiped dry; the straps about three fourths of an inch wide, with straight edges, and warmed. Let the lower border of the first strap extend an inch below the discoloration. The straps should be held between the thumb and index finger of each hand, and so applied that the extremities shall be equi-distant from the ulcer. The central part of the strap should be brought in contact with the limb first, and equable pressure made by pulling at both ends alike, and exerting a uniform power on every part. Unless the manipulation be well conducted, one edge will be too loose, while the other will be too tense and act as a ligature. Some surgeons recommend that the strips overlap ; but if the edges are cut straight, they may lay in exact juxtaposition. This will prevent the formation of ridges in the skin. If suppuration is profuse, space must be allowed for its escape between some of the strips. The plasters should be continued one or two inches above the ulcer, and should encircle about two thirds of the limb. The spiral bandage comes next. It should be of new cotton cloth, of rather fine and firm texture, of one entire piece, with the selvage removed. It should be two or three inches wide, according to the size of the limb, and of sufficient length to surround it as high as the knee. It should be adjusted with great accuracy, else it will be useless. Begin near the toes—let each turn overlap the preceding one by about one third its width. In properly fitting the turns about the ankle, the young surgeon may be somewhat perplexed, but he must repeat his efforts at this part until the desired smoothness and security are gained. In advancing upward, the increasing periphery of the limb will occasion the lower margin of the bandage to be looser than the upper, which would make deep impressions upon the tender skin. To prevent this, let the thumb of the left hand press upon the last turn of the bandage, while the upper edge is cast over and downward upon the lower by a flirt of the right hand. By this manœuvre the two edges will be made to compress with uniformity. It will be requisite to repeat the movement at nearly every circular turn, until you reach the bellies of the gastrocnemii muscles. I deem it expedient to be thus minute, because the plasters and bandage, skilfully managed, are of paramount importance, and because they are sometimes applied in so rude a manner that they produce mischief rather than benefit. If the foot and ankle become œdematous, the leg should be kept in a horizontal state.

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* Med.-Chir. Review, Nos. 58 and 62.

Ophthalmic ulcerations are benefited by a small open blister at the back of the neck as a counter-irritant. Relaxing applications are injurious. Slightly astringent collyria—the unguent. tutiæ—and equal parts of ung. hydrarg. nitr. and unguent. stramonii, are useful. Of all unctuous substances, I prefer the mixture last mentioned. If the ulcers do not heal under this treatment, a solution of nitrate of silver—three grains to an ounce of rose water—is advisable. A covering of green silk, merely, should defend the eyes. The sulphuret. hydrarg. nigr. may be advantageously and liberally given for several weeks in this as well as most other modifications of scrofula. The efficacy of this medicine is increased by combining it with small doses of magnesia or rhubarb. When more lymph is effused than comports with the healing process, topical bleeding and mild purgatives will be required, and stimulating remedies must be withdrawn.

Constitutional medicines exert great influence over scrofulous ulcerations. The carbonate of iron, quinine, tinct. ferri muriat. and other tonics, should be administered, in combination with the compound syrup of sarsaparilla. Sir E. Home and Mr. Cline state, from experience, that the sarsaparilla, when subjected to heat, has not the same powers of a restorative agent as in the form of powder, and they warmly express themselves in favor of the latter preparation in doses of ʒij. three times a day. Surgeons very generally use the decoction or compound syrup, but the suggestion in regard to the superiority of the pulverized root is entitled to consideration. The compound decoction of guaiacum makes an excellent alterative tonic, and may be used for any length of time. It goes well with the blue pill, and is prepared thus: R. Rasur. ligni guaiac., rad. sarsapar. fissæ, āā ℥i.; coq. in aq. fontan. ℔iij. ad ℔ij. Eight to twelve ounces to be taken warm every day, and a blue pill every second or third night.

(To be continued.)

THE LATE LADY FLORA HASTINGS.—SIR JAMES CLARKE'S STATEMENT OF THE CASE.

[As this case has excited much attention in the medical as well as political world, and as it has already been alluded to in the Journal, we take the earliest opportunity of copying Sir James Clarke's statement of the affair.]

On the 10th of January last I was consulted by Lady Flora Hastings, who had that day arrived from Scotland, and had come into waiting on her Royal Highness the Duchess of Kent. She had derangement of the bowels, and of the general health, and she complained of pain low in the left side. There was also considerable enlargement of the lower part of the abdomen.

Under the use of some few very simple remedies the derangement of the bowels and the pain in the side gradually abated, and ultimately ceased; and Lady Flora complained only of weakness.

The size of the abdomen, however, continued undiminished; and Lady Flora's appearance became the subject of remark in the palace. About the 1st of February, as nearly as I am able to fix the date, I was sent for by Lord Melbourne; and, on going to him, his Lordship informed me that a communication had been made to him by Lady Tavistock, respecting Lady Flora Hastings, whose appearance had given rise to suspicion in the palace that she might be privately married; his Lordship asked my opinion on the subject. I stated, in reply, that while I thought such suspicions ought not to be readily listened to, I was, at the same time, bound to admit to him, that the appearance of Lady Flora in some degree countenanced them. I added that, without more ample means of observation, I could not venture to give an opinion on the subject; and his Lordship agreed with me that no step should then be taken in the matter.

From this time the condition of Lady Flora Hastings caused me considerable anxiety. The only source, besides pregnancy, from which the size and peculiar form of the abdomen could proceed, was disease; but the probability of disease being the sole cause in Lady Flora's case, was diminished by the circumstance that the enlargement was accompanied by very little general derangement of health. In fact, Lady Flora continued to perform her usual duties with apparently little inconvenience to herself.

I continued to visit Lady Flora about twice a week, from the 10th of January to the 16th of February, and on several occasions examined the state of the abdomen over her dress; but being unable in this way to satisfy myself as to the nature of the enlargement, I at length expressed to her my uneasiness respecting her size, and requested that, at my next visit, I might be permitted to lay my hand upon her abdomen, with stays removed. To this Lady Flora declined to accede.

Matters remained in this state until the 16th of February. On that day I found it had been determined that I should acquaint Lady Flora with the suspicion which existed in the palace, and should suggest her calling another physician into consultation with me. Before visiting Lady Flora, I asked Lady Portman, the lady in waiting, if I might use her name to Lady Flora as one of the ladies who entertained the suspicion respecting her. To this Lady Portman at once assented. Her ladyship then described the peculiarities in Lady Flora's form and carriage, which had produced the impression in regard to her state. To the question as to what my opinion on the subject was, I replied that the appearances were certainly suspicious, but that even to medical men such appearances were often deceptive. Lady Portman concluded by observing, that for the sake of Lady Flora Hastings herself, as well as of the Court, it was necessary that the matter should be cleared up. Immediately after this interview with Lady Portman, I went to Lady Flora for the purpose of making to her this very unpleasant communication; and I need hardly add that I made it in the most delicate terms that I could employ. After a few remarks on the state of her health, I told her that her size had attracted the attention of the ladies, and that it was now my painful duty to acquaint her ladyship that they had in consequence been led to suspect that she must be privately married. This was the mode, and these were the words in which the painful communication was made.

I urged Lady Flora, for obvious reasons, if there were grounds for this suspicion, to acknowledge the fact, and if not, to see another physician at once, to put an end to the rumor. Lady Flora denied that there were any grounds whatever for the suspicion, and named Sir Charles Clarke, who, she said, had known her from her childhood, as the physician she would wish to be called in; but she declined, notwithstanding my earnest entreaties, to see him on that day. This refusal, after the reasons which I had given, lessened very considerably the effect upon my mind of her Ladyship's denial.

After the interview with Lady Flora, it remained for me to communicate what had passed to her Royal Highness the Duchess of Kent. I therefore informed Lady Flora that I was going to her Royal Highness for that purpose; to the propriety of this Lady Flora immediately assented. I accordingly went to the Duchess of Kent, and stated the nature of the interview I had had with Lady Flora. Her Royal Highness immediately expressed her entire disbelief of anything injurious to Lady Flora's character, and she asked me my opinion. However reluctant I felt to express any doubts on the subject after Lady Flora's declaration, I could not decline giving a conscientious reply to her Royal Highness's questions ; and I answered to the effect that the suspicions I previously entertained were not removed.

In the course of the evening of the day on which I made the communication to Lady Flora Hastings, I received a note from her Ladyship, of which the following is a copy :

" *Saturday.*

" Sir,—Although I think you perfectly understood me this morning, that I did not wish you to take any steps without hearing from me, it is, perhaps, better, to obviate the possibility of any mistake, that I should say so. I shall be governed entirely by her Royal Highness's wishes and orders. Yours, sincerely, FLORA ELIZ. HASTINGS."

I heard nothing more on the subject till the afternoon of the following day (Sunday, February 17th), when I received another note from Lady Flora, of which the following is a copy:

" Sir,—By her Royal Highness's command I have written to ask Sir Charles Clarke to name an hour this afternoon to come to me. He has answered my note by coming, and is now here. Could you come and meet him? Yours, sincerely, F. E. HASTINGS."

On receiving this note, I immediately went to Lady Flora and found Sir Charles Clarke with her Ladyship. He stated to me, in Lady Flora's presence, as part of the conversation he had had with her, that he urged her, if there were any grounds for the suspicion entertained, to admit the fact now, as after the examination it would be too late.

After this conversation, Lady Flora requested that Lady Portman might be called in. On her arrival Lady Flora retired to her chamber, where her maid was in attendance. After Sir Charles Clarke had made an examination he returned with me to the sitting-room, and stated, as the result, that there could be no pregnancy ; but at the same time he expressed a wish that I also should make an examination. This I at first declined, stating it to be unnecessary ; but, on his earnestly urging me to do so, I felt that a further refusal might be construed into a desire to shrink from a share of the responsibility, and I accordingly yielded. After finally consulting, we gave the following certificate:

" Buckingham-palace, Feb. 17, 1839.

" We have examined with great care the state of Lady Flora Hastings, with a view to determine the existence or non-existence of pregnancy ; and it is our opinion, although there is an enlargement of the stomach, that there are no grounds for suspicion that pregnancy does exist, or ever did exist. (Signed) CHARLES M. CLARKE, M.D.
JAMES CLARKE, M.D."

Before parting with Lady Flora, both Sir Charles Clarke and myself pressed upon her Ladyship the expediency of her appearing on that day at table as usual.

Such is a plain statement of the leading facts of this unfortunate case, so far as I am concerned. That I was unable to ascertain the true nature of Lady Flora's state, I at once admit, and most deeply regret;

but when the difficulties which frequently occur in cases of this description, even where every facility is afforded for investigation, are considered, it can scarcely be made a matter of reproach to me that, amidst the disadvantages under which I labored, I was unable to affirm that Lady Flora's change of appearance was the result of disease, and disease alone. If even Sir Charles Clarke did not venture to express a positive opinion until after a careful examination, it will be readily conceded that no other person could have done so without recurring to some similar proceeding. And if anything further were required to establish the difficulties of this very peculiar case, and the heavy responsibility attaching to a decision on it, Sir Charles Clarke knows that there are other facts connected with it, which prove in the most unequivocal manner both the one and the other; facts which do not throw the slightest shade of doubt on the purity of Lady Flora, nor are they matter of blame to any one, but which it is not necessary to bring before the public.

The post-mortem examination established the fact, that the death of Lady Flora Hastings was occasioned by extensive disease, dating its origin "at some former and distant period of time;" and yet such was the obscurity of the symptoms which, during life, accompanied the disease, that its nature became evident a few weeks only before Lady Flora's death; and the fact of its having involved every organ within the abdomen was revealed only by the post-mortem examination.

I think it right to notice, in this place, a part of my conduct, which may at first sight appear censurable. I allude to the admission of my suspicion that Lady Flora might be pregnant, before I had been permitted more fully to examine into her state. Under almost any other circumstances it would have been highly improper for me to have answered an inquiry on such a subject; but as I could not authoritatively remove suspicions founded on appearances, which, taken alone, would in a great majority of cases indicate what was feared, and not the singular state of disease revealed after the death of Lady Flora, I felt it my duty, considering the very peculiar responsibility which attached to me, to confide the doubt which was in my own mind to those who had a right to demand my real opinion, and who, I felt assured, could not use it in a manner unfriendly to Lady Flora.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 20, 1839.

MEANS OF IMPROVING THE MENTAL AND PHYSICAL FACULTIES.

Reynell Coates, M.D., of Philadelphia, whose name is familiar to the medical public in various ways, delivered an address on the 20th of Oct., which was introductory to a popular course of lectures on the History of Organic Development, and the means of improving the mental and physical faculties, which has been published by the members of the class. As a whole, the discourse is characterized by good sense, and good language fitly spoken. The doctor, like a true and courteous knight, pleads for the ladies right manfully, and thus we are led to infer that he must be popular with all the intellectual fair of Philadelphia and its liberties.

A principal object in this introductory, which will be read, we doubt not, with peculiar satisfaction by all who are so fortunate as to receive a copy, was to explain the character and tendency of the course of lectures upon which the author was then entering. He proposed to treat of the differences observed in motions and actions of animate and inanimate matter; of the resemblances between animals and vegetables; the structure and vital properties of a class of animals composed of simple elements, &c., all of which could not fail, in the hands of Dr. Coates, of being intensely interesting and instructive to a mixed audience. The manner of showing up "the proverbial vices of a village—envy, jealousy;" "the merchant, care-worn and distracted with risks of trade, looking with grudging eye upon the seemingly light and well-rewarded toil of the medical or legal student," &c., is exceedingly well done, and must have been received with approbation by all who had the good fortune to be present.

American Phrenological Journal.—Another number of the second volume of the American Phrenological Journal has come tardily to hand, as usual, which is no small disappointment, since it is a favorite not easily dispensed with. Although admirably conducted, we think the editor sometimes, through an obliging disposition, allows occasional contributors too much room. Now the article entitled "Phrenology vindicated against the charges of Materialism and Fatalism" is one of those soporific productions that would put the inhabitants of a whole township to sleep at once, if they could be placed within the compass of the reader's voice. There is such a thing as wearing out the patience of professed advocates of the science, by imprudently permitting stockjobbers in phrenology, whose self-esteem makes them most unwelcome guests, to flourish like evergreens in a large part of every number of the Journal. Mr. Editor, give us more from your own deep fountain of phrenological knowledge, and eschew those prolix manœuvrers who manifest a spirited determination to sail in the ship in the capacity of passenger and captain too.

Death of Dr. Milton Antony.—Died at Augusta, Geo., Milton Antony, M.D., Professor of Obstetrics, &c., in the Medical College of Georgia. The last No. of the Southern Medical and Surgical Journal announces this melancholy intelligence in the following words. "It is with feelings of the most poignant sorrow, that we have to announce the death of Dr. Milton Antony, editor of this Journal. He expired on Thursday afternoon, the 19th inst., after an illness of five days." His loss is indeed a public calamity, and greatly to be deplored by the profession throughout the country. He retained the entire possession of his mind to the last, and the closing hours of an honorable and useful life were brightened by the hopes of a glorious immortality.

The vacancy in the Medical College has not yet been filled; nor is it decided who will in future edit the Southern Journal of Medicine.

Army Surgeons.—Dr. Adam McLaren, assistant, to be surgeon, since June 30th; vice Dr. Clark, deceased. Surgeon R. Clark, died 29th of

June in Florida. Assistant Surgeon T. J. C. Munroe, died October 23d, at Fort Niagara. Assistant Surgeon Erastus B. Wolcott has declined promotion. Assistant Surgeon Baldwin is stationed at Fort Dallas. Assistant Surgeon Conrad is at Fort Pierce. Assistant Surgeon De Leon, at Fort Smyrna. Assistant Surgeon Hughes, at Fort Lauderdale. Assistant Surgeon McLaren, at Fort Sullivan. Assistant Surgeon Worrell, at Fort Cummings.

Tying the right Subclavian Artery.—The patient is to be placed in the same position as for tying the arteria innominata. The first incision should commence immediately above the sternum, at the internal margin of the sterno-mastoid muscle, and be continued horizontally outward for the extent of about three inches; the second incision, about two inches long, should descend along the internal margin of the same muscle, so as to terminate inferiorly in the internal extremity of the preceding incision. The flap of integument thus formed is to be dissected up, and the lower part of the sterno-mastoid exposed. Behind this muscle a director is to be now introduced, on which its sternal and part of its clavicular origin should be divided. In a similar way the origin of the sterno-hyoid, and then of the sterno-thyroid, should be cautiously divided on a director. By scraping through some cellular membrane we may now get a view of the carotid artery, and by passing the finger between this vessel and the jugular vein (which is situated more externally), the subclavian artery may be felt. It is crossed near its origin by the pneumogastric and recurrent nerves, which must be drawn *inwards*, and the needle is to be carried round it, from below upwards and inwards on the inside of its vertebral branch. The cardiac filaments of the sympathetic nerve should be avoided, and the operator should bear in mind the vicinity of the cone of the pleura, as it may be wounded in performing this operation.

The operation of tying the subclavian artery in the first part of its course has been three times performed: 1st, by Mr. Colles, of Dublin; 2ndly, by Mr. Hayden, of Dublin; and 3rdly, by Mr. O'Reilly, of Dublin. —*Flood's Surgical Anatomy of the Arteries.*

Gangrene of the Heart.—The mother of a boy, ætat. 19, requested me to see her son, whom she described as laboring under brain fever. I found him perfectly insensible—pupils contracted. On examining his countenance his lips were purple, and there was a slight blue œdema about the mouth. I was satisfied that this was a severe disease of the heart, and mentioned that this was my impression. The history of the case was this: The boy had been neither ill nor well for a fortnight; he had run away from his parents, and had been lodging with his new master, in a damp cellar, upon a bed of wet straw. Since the previous day his state had become much worse. I bled him, taking away sixteen ounces, when he was able to describe the previous pain at his heart, his difficulty of breathing, faintness and weakness. Calomel, squills and digitalis were prescribed. The next day, being Friday, I found him relapsed into unconsciousness; he was again bled, but not with the same effect. He remained comatose, and sunk on the Saturday morning. The friends would allow me to examine the chest only. The lungs were sound but gorged; the pericardium, containing four ounces of flocculent serum, was altered in transparency, and thickened; the heart whitish, flabby, but minutely injected with red air vessels; substance decomposed, and very easily torn. The right cavities presented a deep purple-brownish hue, not merely painted upon the surface, for the organs offered the same character when deeply incised. The left cavity assumed a most splendid scarlet appearance, which also continued into its substance. The valves, in texture, were of the most friable nature. I entreated permission to preserve the right cavities, but was refused, the express condition of my being permitted to make an examination being that I should take nothing away.—G. Spilsbury, *in London Lancet.*

Medical Miscellany.—Dr. Stribling, late superintendent of the Staunton Lunatic Asylum—an office which he has just resigned—is spoken of as a candidate for the chair in the University of Virginia, vacated by Dr. Griffith.—Dr. Haynes's newly-invented instrument is properly appreciated by a discerning medical public.—Dr. Chadbourne's institution for hernia, in the same town (Concord, N. H.), has a growing reputation.—Dr. Brockenbrough is candidate for Governor of Virginia.—Dr. March, of Albany, has performed the rhinoplastic operation with a good prospect of complete success. We should be pleased to publish the particulars of the case.—The Emperor of Russia has presented to the Library of the University of New York, a splendid work on surgery, in royal folio. The plates are copper engravings, of the size of life, in duplicate sets of outline and full engraving.—One hundred and twenty-three deaths in New York last week: in Philadelphia, the week before, only seventy.

Whole number of deaths in Boston for the week ending Nov. 16, 29. Males, 17—females, 12.

Of consumption, 4—hemorrhage, 1—scarlet fever, 4—infantile, 1—smallpox, 2—chicken pox, 1—inflammation of the brain, 1—suicide, 1—lumbar abscess, 1—inflammation of the bowels, 1—apoplexy, 1—dysentery, 1—canker rash, 1—typhous fever, 4—dropsy on the brain, 1—casualty, 1—pleurisy fever, 1—tumor, 1—lung fever, 1—stillborn, 3.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructers.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

Anatomy.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

Surgery.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

Chemistry.—Recitations and instructions by Dr. Storer.

Physiology and Pathology.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

Midwifery.—Recitations by Dr. Storer, with practical instruction on the application of obstetrical Instruments upon the machine or model.

Theory and Practice of Medicine, Clinical Instruction, and Materia Medica, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov 20, 1839. ep1meop6m

DRS. FLINT AND JONES

Propose to give a private course of Lectures on Anatomy, Physiology and Surgery, to commence December 1st, current, and continue to March 1st, 1840.

They have convenient rooms, a good Library, and such facilities for dissections as will render a course of lectures interesting and useful to medical students.

J. H. FLINT.
B. B. JONES.

☞Drs. F. & J. will allow their pupils daily access to their "Private Hospital," and also to witness such operations in surgery and important cases in medicine as may occur in their private practice.

Springfield, Mass., Nov. 9, 1839. N 20—2t*

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18*th May*, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, $10.

June 12—1y

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREATMENT OF HERNIA.—E. W. Leach, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

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THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, November 27, 1839. No. 16.

DR. DURKEE'S REMARKS ON SCROFULA.

[Concluded from page 241.]

When the mesenteric glands become scrofulous, the abdomen is tumid and tender on pressure, the appetite voracious, and the whole frame emaciated; the peristaltic movements of the intestines irregular, and the evacuations often contain portions of chylous matter which the lacteals refuse to absorb. To re-animate, as far as possible, the powers of the stomach and bowels, and promote a good digestion, the only means by which a nutritious chyle can be obtained, bitter infusions, joined with occasional alteratives, should be administered. The oxymur. hydrarg., in combination with cinchona or rhubarb, to be used with no other object than to improve the digestive secretions, is useful. Dissolve one grain in ℥iv. aq. rosa., and give forty to sixty drops three times a day. The hydrargyrum c. cretâ may be given also with rhubarb so as to act as an aperient every second day. The mistura ferri comp. constitutes a good form for the exhibition of iron, and serves a valuable purpose. If the patient be a young child, this mixture will be inconvenient, and the following may be substituted: R. Carb. ferri, ʒ iss.; pulv. calombæ, pulv. rhei, āā ℈ ij. M. div. in chart. No. xvi. One to be taken morning and night, in molasses or syrup of ginger.

Daily sponging the body with warm salt water, or with soft spring water, to which a small quantity of aq. ammoniæ should be added, will be highly important. This is preferable to immersing the child, because the latter process would drive the blood from the capillaries to the internal organs, and sufficient re-action may not always follow. The whole surface of the abdomen and back should be subjected to frequent frictions. Some writers place much dependence on small quantities of mercurial ointment rubbed over the abdomen night and morning. The friction, either with or without the ointment, should continue half an hour or an hour each time. Care is necessary not to urge the use of mercurials of any description to a degree that shall excite salivation, as this would serve to increase the general debility. The best intention with which they can be administered is, that they may exert an alterative influence; at the same time it will be well to give sulphuris præcipitat. vel lactis sulphuris, magnesiæ ustæ, āā ʒss. M. A teaspoonful three times a day in syr. of rhubarb. This preparation forms a good aperient during an alterative course, and will be found well adapted to the delicate stomachs of children. For a child from one to two years old, about a third of the quantity mentioned above will be sufficient. When the alterative plan has been pursued for two or three weeks, it will be best to discontinue it and resort to mild tonics. Light, simple, nutrient food should be given, and the patient allowed the free indulgence of the appetite; because, as the process of chylosis is greatly impaired, an unusual supply of aliment is required. It is useful to have a regular period intervene between the meals, if possible. An interval of three hours will generally keep the patient quiet and satisfied. The remarks elsewhere made relative to the importance and benefit of exposure and exercise in the open air need not be repeated, although nowhere more applicable than here.

In this parabysmic affection, success can rarely be expected, except in recent cases, whatever plan of treatment be adopted. The disorder will in most instances pursue its furtive course, and all that can be accomplished by the administration of medical agents, is to ameliorate the symptoms and postpone the approaching fate.

The scrofulous affection of the bones is one of the most tedious and difficult diseases that fall within the province of surgery. Many months may elapse between the direct and specific application of the cause and the subsequent production of pain or material inconvenience to the patient; and even when symptoms of morbid action do arise, their development is so gradual and insidious that both the patient and the friends are often kept in a state of false security until the favorable moment for averting ill consequences has passed, and is not to be re-called.

Surgeons have divided the disease into three stages; the adhesive, the suppurative, and the ulcerative. These morbid changes are more slowly formed and more slowly advance than the same transitions in the softer textures, and hence the cure is more protracted. It has been already observed that the bones possess an unnatural vascularity and softness. As the malady advances, a transparent fluid is first deposited in the cancelli, and afterwards a yellow, turbid, caseous matter. Vessels containing red blood are often seen communicating from the diseased bone into the contiguous cartilages. The latter subsequently ulcerate —the ulceration commencing on the surface attached to the bone.* The bone also dies, piecemeal, of ulceration, and throws out rough spiculæ. After a period of many weeks, or perhaps months, the external cellular membrane inflames, serum and coagulable lymph are effused, producing a tumefaction at first puffy and elastic, which, as the disorder continues to progress, becomes œdematous. This œdema is the forerunner of abscess, which may require many months for its maturity, and which is finally discharged by ulcerated openings and sinuses through the neighboring integuments at some distance from the joint. In the commencement, and while the disease is confined to the cancelli of the bone, but little pain is experienced, and that at intervals after exercising the limb. At length the integuments covering the joint begin to sympathize with the internal structures, and effusion into the cellular membrane takes place. As the cartilages and bone continue to ulcerate, the pain is somewhat augmented, but does not become intense until matter has formed to a considerable amount and the surrounding parts are distended and inflamed. The skin now assumes a livid color, which is circumscribed, as when the lymphatic glands are inflamed and are about to suppurate—and there is more or less of constitutional irritation. The discharge from the abscess is at first copious, thin, curdly; its quantity gradually diminishes, and it acquires more consistency, until it nearly resembles the caseous contents of the glands. When the abscess heals, it is often followed by others, in slow succession; these continue a long time nearly closed; the orifice is soft, the muscular fibres are reflected over upon each other, and it becomes prominent, like the mouth of the common sucker fish. In such cases the probe will often detect the rough surface of carious bone at the bottom of the abscess. The parts will sometimes remain for years in this state, and the constitution receive no material detriment. In other instances it is gradually undermined by the consecutive abscesses, hectic fever, and other colliquative consequences. Occasionally a recuperative process commences—the fistulous openings close up—the individual slowly recovers strength, anchylosis takes place, and a cure is accomplished.

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* Brodie, Cooper, &c.

The disease, however, is not always arrested when the articulating surfaces of the bones are thus united, nor do the sinuses invariably heal. A few weeks since I examined the body of a female, twenty-three years old, who had been afflicted with scrofula from childhood. The lymphatic glands were first implicated. At the age of eighteen she experienced an aggravation of suffering in consequence of the disorder locating itself in the right hip. For nearly a year the principal inconvenience felt in the joint and limb was a moderate degree of pain and lameness, sometimes in the hip, at others in the knee, and resembling chronic rheumatism. After the expiration of this period, the parts covering the joint tumefied, presenting an elastic sensation to the touch, and the limb soon gave out if she attempted to use it. An abscess ultimately formed—its contents escaped spontaneously, and the disorder continued to exhibit the different phases peculiar to this affection. Two years previous to death, anchylosis took place: three sinuses still remained; two directly in the groin—the other, quite small, on the anterior aspect of the femur, three inches below the hip joint. On examination, the cohesion was so perfect that it was difficult to trace the line between the head of the femur and the margin of the acetabulum. In tracing the two inguinal sinuses, they were found to originate in the os pubis. The flat part of this bone and the wing of the ilium were altered in structure, so that the blunt end of a probe readily broke it down. The bone immediately round the articular adhesion was nearly of natural solidity, though not of its natural texture. In this case the disease seemed to have retired from the joint itself, while the cancellous structure of the bones at a little distance from it was still the seat of morbid action, and was more disorganized than the surfaces composing the joint. But even when anchylosis and a perfect cure take place, it is certain that the original texture of the cancellous structure, once destroyed, can never be restored.

The chief points of distinction between the symptoms of this disease and those of idiopathic ulcerations of the cartilages, consist in the less amount of pain attendant on the former—the general habits of the patient—the extreme tediousness of the complaint, and the successive train of abscesses. During the first stage of the disorder, the symptoms are obscure. The pain and lameness are trifling, with little or no constitutional excitement. If it is in the hip joint, it announces itself by gradual emaciation of the whole limb, and by deep-seated pains through the groin. These are soon propagated along the femur to the knee, where they are concentrated in such a manner as to attract the attention of the surgeon to that joint, and this circumstance is frequently a source of error. The pain is aggravated by motion, and in walking the patient endeavors to relieve the affected limb by bearing his weight on the opposite side; the diseased limb is directed forward and bent at the knee, and there is an apparent elongation. The habit of throwing the weight of the body upon the unaffected limb after a time gives rise to lateral curvature of the spine, which establishes and increases the deformity. As the disease advances, there is considerable difficulty in rotating the joint; and if the patient be placed in the recumbent posture and the knee directed towards the pelvis, the movement will be attended with an increase of pain. The motion of direct abduction, or casting the limb sidewise, is attended with still greater difficulty and pain than that of flexion towards the abdomen. Another diagnostic symptom may be discovered by placing the patient on his feet; in this position it will be observed, on inspection, that the distance from the cleft of the nates to the spine of the ilium is greatest on the diseased side.

As the morbid action progresses, the suffering becomes more severe; the patient experiences a general uneasiness, the functions of internal life are disturbed, and febrile paroxysms supervene. It occasionally happens that anchylosis is established, and a cure is effected before the suppurative stage has time to set in; but generally purulent matter forms after the disorder has continued several months, and the copious secretion envelopes the head and superior portion of the femur, the cartilages of the joint are destroyed, the edge of the acetabulum and the head of the femur are more or less broken down by ulceration and absorption—the action of the muscles dislocates the thigh bone, which mounts upward upon the pelvis, and the limb is shortened.

The knee joint is more frequently the seat of scrofulous disease than any other. An uneasiness is first experienced in the part, accompanied with enlargement, a deep-seated pain in the head of the tibia, and a gradual diminution in the size and muscular strength of the limb. The swelling is unattended with discoloration of the skin, which becomes tense and covered with varicose veins, has a smooth, polished aspect, and its temperature is higher than that of the sound limb. As the complaint advances, the swelling increases, presenting a puffy tumefaction and concealing the natural projections of the bones composing the joint, which becomes stiffened and permanently bent. The same symptoms exist when the disease locates itself in the bones of the arm, &c.

Whatever joint is affected, the limb should be handled as little as possible and always in the most delicate manner. Not long since, a scrofulous child, exhibiting the symptoms of this disease in the right knee, was put under my care. I explained to the friends what I considered the difficulty to be, and commenced a course of treatment which was sanctioned by another physician who saw the patient, but which failed to satisfy the immediate relatives. The patient was accordingly placed in the hands of a noted empiric. He held out high hopes of a speedy cure—and among other operations, subjected the joint several times a day to severe motion, by grasping the ankle and making the leg serve as a lever, while he pulled the limb in various directions. These manipulations occasioned considerable suffering, which was increased at every repetition. Under this administration the joint grew worse, and the friends at length took alarm; the patient was taken home, and for several weeks suffered not a little from the measures adopted by the charlatan.

Whether the articulation of a large or small joint be implicated, it is important to preserve it in a state of rest. The parts about the hip are unfortunately situated for recovery from this disease, inasmuch as the joint occupies the central point of motion between the body and lower extremities, and suspension from motion is somewhat more difficult on that account. Nevertheless, it should be a primary object to correct the patient's habit of bending the thigh and leg. This can best be done by means of a light pasteboard or bass-wood splint and bandage, which should extend from the hip to the heel. The recumbent posture should be observed as much as possible. This will prevent pressure and friction of the articulating surfaces, and serve to keep down irritation and inflammation in the cartilaginous structure. In protracted cases it will not be advisable to confine the patient for too long a period in a state of absolute rest, but the limb itself should be restricted from all action. Due regard to the improvement of the constitution will require that he be exposed to the fresh air in an open vehicle.

In adjusting a suitable apparatus to the knee or elbow joint, the limb should be somewhat flexed. Some surgeons apply a machine so as to retain the member nearly in the position which the patient has previously selected and found most comfortable. In general this will be right. It should be so fixed as best to guard against injury in case the patient should accidentally trip or stumble while walking. If one of the joints of the upper extremity be affected, a sling will fulfil all the purposes required for support.

Blisters, issues and setons should be used at a little distance from the diseased locality during the first stage. Surgeons are united in giving their sanction to these topical remedies; also to the employment of different evaporating lotions. These tend to keep the morbid action from extending to the adjacent parts, and may possibly retard suppuration. Artificial pustulations from tartar emetic ointment or plaster, have occasionally usurped the place of blisters, &c., but they have proved of inferior efficacy. Baron Larrey places great reliance on the use of the moxa to check the disease in its initial stage, and to re-establish the vital properties of the parts implicated. All topical means, however, will be of little service, unless conjoined with constitutional remedies. The muriate of lime is a preparation of some value as a tonic, and may occasionally be prescribed with conspicuous advantage. The different combinations of iron and the mineral acids are entitled to high confidence, and should be given as freely as possible without inducing gastric distress or febrile action. The comp. ammoniated tincture of guaiac. given in milk or wine whey, in dram doses, three times a day, is good. The alimentary canal should be kept quite free. As a mild cathartic, which will at the same time exert a tonic power, the following may be used. R. Pulv. rhei, ʒij.; sulph. ferri, ʒss.; saponis albi, ℈ij.; extr. juglandis cinerei, ℈i.; aq. distillat. q. s. M. Ft. pil. No. 40. One to be taken morning, noon and night, every second or third day. It will be necessary to sustain the strength by diet of good and nutritious quality, cooked fruits, and every other prophylactic measure.

If the part become painful it will be expedient to have recourse to moderate local depletion with leeches. Brodie states that, in ordinary cases, the abstraction of blood from the neighborhood of the joint is not necessary; Sir A. Cooper, on the other hand, recommends the practice, and the most eminent surgeons in our own country have long since adopted it. It will afford temporary relief by disgorging the vessels about the articulation, and, if conducted with prudence, will not increase the constitutional debility.

If, notwithstanding our efforts to counteract the disease, the morbid habit continues to progress and give evidence of approaching suppuration, this process should be encouraged by emollient poultices and fomentations. An aggravation of the symptoms will take place, more or less severe, according to the habitudes of the patient and the size of the joint; and anodynes will be required to assuage the pain. At this crisis the intrepid Larrey resorts to the moxa for the purpose of arresting the suppuration and rousing the absorbent vessels to greater activity, that thus the purulent matter may be taken up and thrown into the circulation. The moxa, to produce action upon the diseased spot, must be applied contiguous to it; but its effects will be of too violent a character to justify its use at this period, for it will be likely to provoke still higher inflammation. Irritants of every description, near the part, will be prejudicial. Mild embrocations and dressings will be most appropriate until the contents of the abscess are liberated. The abscess should be allowed to burst spontaneously; for if an opening be made with a lancet, great irritation and a fresh attack of inflammation will be produced in the joint. It is advisable to continue the poultices, and renew them twice a day, until the tumefaction and soreness have materially abated. Great care will now be required to sustain the flagging powers of the system, by the exhibition of quinine, the different ferruginous medicines, wine, &c.

When the swelling and purulent discharge begin to diminish, we can resort with more safety and hope to the employment of local irritants, such as blisters, issues, &c., at a little distance from the seat of disease; or an issue may be kept open in one spot, and vesication repeated in another. Some surgeons prefer the renewed action of a blister to that of the unguent. sabin., or other drains. There is reason for this choice.

Artificial drains lose their efficacy in some degree after the first inflammatory action declines; in order, therefore, to obtain the greatest benefit from them, it is best to employ a vesicatory which can be repeated at pleasure. The moxa may now be tried with advantage. Stimulating injections are sometimes proper—as, acid. nitrosi, gtt. x.; aq. rosa., ʒi. M. This may be used, warm, every second or third day. It will be serviceable in bringing forward granulations and hastening the process of exfoliation. Adhesive plasters, applied in a circular manner round the limb, will be beneficial in preserving the parts in a state of rest, and will favor anchylosis between the articulating surfaces. Less advantage will be derived from their use about the deep-seated parts of the hip joint, but even here they will do good if aided by suitable bandages. They should be so adjusted as not to interrupt the escape of matter from the sinuses. It occasionally happens that spiculæ of bone get into the cavity of the joint, or partially through the sinuses, and produce severe inflammation and constitutional suffering, and the prospect of final cure is greatly diminished. It will not be prudent in the surgeon to essay the removal of these exfoliations by dilating the fistulous openings with cere, sponge, &c., as is sometimes practised, nor should they be disturbed with a probe.

If the joint be nearly or quite destroyed, and the constitutional disturbance great, the limb should be amputated. In deciding upon the time when its removal would be a justifiable measure, the surgeon has no criterion for his guide but probabilities. The moment these are against the preservation of the diseased member and the ultimate recovery of the patient with it on, it should be cut off. It would be no act of humanity to postpone the operation and thereby diminish the chance of life. We should not, however, lose sight of the fact, that the removal of a scrofulous limb will sometimes give rise to pulmonic or other serious malady which will destroy the patient. Some years ago I assisted in amputating the fore arm of a young man who had been afflicted for a long time with scrofulous disease in the carpal bones. His strength was quite reduced at the time. Although but little promise of success awaited the operation, it had been determined on. The stump healed tardily. In the meantime the lungs became affected, and in four months the young man died of consumption. If the disorder be in the hip or shoulder joint, amputation will be out of the question.

The scrofulous disease frequently seizes upon the spinal column, and occasions the most serious mischief among these bones. Its progress is slow, but is rarely arrested by the assistance of art or cured spontaneously. The bodies of the vertebræ are more or less destroyed; the parts which remain sink under the superincumbent weight, and distortion is produced in the bones and paralysis in the limbs. The morbid action sometimes commences in the intervertebral substance; at others, in the cancellous texture of the vertebræ. Scrofulous matter will occasionally encroach upon the spinal canal, and in consequence of pressure upon the medulla, produce paralysis in the limbs, while the bony parts of the vertebral apparatus remain sound. An instance of this kind fell under my inspection some years since, in the case of a boy in whom the lymphatic glands of the neck, groin and mesentery, had been affected for five years. Eight months previous to death he complained of severe pains in the back of the neck and occiput, through the shoulders, at the pit of the stomach, and along the course of the nerves distributed to the upper extremities. The latter were soon affected with numbness, spasmodic action, and finally with loss of motion. On opening into the vertebræ, that part of the cord shielded by the four superior bones was bathed in a turbid, ill-conditioned pus; the intervertebral substance was partially ulcerated and decomposed, but the osseous texture exhibited its ordinary structure and hardness. The whole column was examined, but no other morbid point discovered. In this instance the spinal affection was confined to the intervertebral spaces, and was of too short duration to bring on carious action in the bones.

During life there are no symptoms which will enable the practitioner to determine whether the lesion commences in the fibro-cartilaginous or osseous substance. In either case the patient complains of numbness in the limbs, lassitude, and difficulty in walking. There is nausea at the stomach, borborygmus, derangement of the digestive functions, and a peculiar sensation of strictness at the scrobiculis cordis, with obscure, deep-seated pains along the spine. During the last few months I have had a scrofulous patient, who has exhibited these symptoms for more than two years, and at times in a high degree. Gastric eructations and the borborygmic trouble will occasionally continue for two or three hours, with an intermission of only a few minutes. The disorder is yet in its first stage. It was induced by close, sedentary confinement and meagre diet.

As the disease progresses, the dorsal pains increase, muscular action is more impeded, without actual paralysis; and accidental retractions, with a sensation of cold, independent of the surrounding temperature, are experienced in the extremities. The form of the back does not exhibit any alteration until the caries has made considerable encroachments in the destruction of the affected part. The curvature is at first merely perceptible. In walking or sitting, the patient leans forward, and on examination, one or more of the spinous processes will be found to be more prominent than the rest, particularly if the dorsal vertebræ are affected. The degree of projection will depend on the number of vertebræ diseased.

Sometimes ulceration will proceed to a great extent without the formation of abscess. There is then a greater prospect of cure by the establishment of cohesion between the articulating processes. Not long since I obtained a specimen of carious spine in which bony union took place between the articulating processes of four dorsal vertebræ. The uniting substance was deposited to the thickness of half an inch on the external surface, extending towards the extremities of the transverse processes, and filling up the lower portion of the fossa or space between these processes and the spinous.

As the sero-purulent effusion accumulates, it offers a mechanical impediment to the functions of the spinal marrow, produces irritation in the nervous branches arising from it, and paralysis in the parts to which these branches are sent—in consequence of which, if the lumbar or dorsal vertebræ be affected, the contents of the bladder and intestines will be expelled with difficulty or involuntarily; complete loss of motion will occur in the feet and legs, and the patient will be reduced to a state of forlorn helplessness. The matter finally extravasates through the adjacent cellular structure towards the most depending points, or towards those offering the least resistance, and produces symptomatic abscess or "abscess by congestion." Sometimes its route is through the soft parts to the back, but quite as frequently it is developed in a spot still more distant from that of its original secretion, as the inner part of the thigh, fold of the groin, perineum, or margin of the anus; or it may take the course of the spermatic cord, and form a tumor through the abdominal ring, in which case a discrimination between this tumor and that of hernia is sometimes difficult. The general symptoms and history will usually be sufficient to declare the nature of the malady; but the surgeon cannot be too much on his guard here, and his diagnosis should be such as to leave no obscurity upon his mind as to its identity. Some years ago a practitioner in extensive business, in one of the N. England States, was called to prescribe for a small tumor projecting just outside the the abdominal ring, and of which the patient (who was otherwise diseased) had complained for several weeks. After superficial examination, the physician took out his lancet and plunged it into the tumor. A copious discharge followed—consisting of feces.

In the closing period of strumous affection of the spine, the sufferings of the individual are unremitting, and no posture he can assume will bring relief. Besides the pains in the back and loins, respiration and all the functions of the thoracic and abdominal viscera are deranged by reason of the curvature and the consequent alteration in the form of the chest. Many die from hectic fever, diarrhœa, &c.; and of the few who survive, it is rare to find one that is not the victim of irremediable deformity, and extremely liable at any future date to a recurrence of the disease from the most trivial accident.

The two principal remedies advised by all writers, are—a state of perfect repose in a horizontal attitude, and caustic issues in the vicinity of the diseased part. Although the recumbent posture is to be observed, the patient must have access to the open air in all favorable weather. For this purpose a mattress should be placed in a carriage for him to lay on, and bolsters adjusted so as to prevent any jar or motion of the spine. This passive exercise, or rather exposure, will be an essential benefit to the patient, for while the body is relieved from confinement to close air and the impure exhalations which always accumulate in the sick chamber, his mind will be kept in a more cheerful and contented frame.

In the commencement, leeches and blisters are of service, but they are less efficacious than caustic issues, which it will be necessary to continue for a long time. Moxa is the chief weapon employed by Larrey to combat this malady of the spine, as well as when it attacks the cancelli of other bones, and he claims the praise of numerous victories achieved through its instrumentality.

In October, 1838, I commenced a succession of moxas on a young female who had been troubled with strumous affection of the dorsal vertebræ for more than a year. The disease had resisted the use of blisters, issues, &c., which had been thoroughly tried. The first application of the remedy in question consisted of one small moxa on each side of the spinous processes, about two inches from their projections. As the patient became accustomed to their use, the size was increased, and they were repeated at intervals of eight to ten days, according to the degree of inflammation produced. A favorable change was perceptible after the third application, and has continued for about twelve months, during which time the treatment has been confined to a repetition of the moxa, and the use of such internal remedies as seemed most likely to second its effects.

The periods between the applications should be regulated by the strength and habits of the patient. In those of irritable temperament, the interval should be longer than would be required in other subjects.

Pott, Brodie, and other eminent surgeons, proscribe, as highly pernicious, the employment of all mechanical contrivances, and every other attempt to correct the figure of the distorted vertebræ by separating their surfaces, which are in contact, and which, if not disturbed, may be disposed to coalesce. If any mechanical means be resorted to, they should consist merely of retentive bandages and supports, and should not be allowed to press upon the spinous processes. When the disease has been arrested and the patient begins to recover the use of the limbs, and there is reason to believe that the carious bone has been removed, moderate exercise by walking may be allowed; and the use of some sort of corset or other instrument to support the spine and relieve it of the weight of the parts above, will be necessary.

If chronic collections of matter appear in the form of psoas or lumbar abscess, the prognosis is almost always fatal. It is seldom that any means we can employ will be attended with any other result than the delay of the patient's doom. The abscess must be allowed to take its course until it becomes quite large, and when there is a red blush upon the skin covering the purulent cavity, the contents may be set at liberty by the surgeon. Abernethy's plan of making a small valvular puncture is generally adopted. All the means adopted with a view to produce re-absorption of the purulent collection will in almost every instance prove inert, for the organization of the abscess is such that it is circumscribed by an adventitious mucous membrane which forms a separate tissue, lines the whole extent of the artificial canal, and probably secretes the fluid whose removal the topical applications are designed to accomplish. When the abscess is opened, whether by the surgeon or spontaneously, advantage is occasionally derived from injections of sulphate of zinc or alum. This will possibly diminish the secretion and promote the adhesive action, and thus the cavity be obliterated; but death generally happens from the profuseness of suppuration and from the ingress of air into the fistulous cavern. The same constitutional measures, advised under the treatment of scrofulous disease of other parts, will be applicable to that affection when seated in the spinal column.

In offering the foregoing remarks, suggested by personal experience and such other helps as lay at my command, I do not suppose that they will be fully endorsed by all who labor in the medical field. The physician who cherishes an undivided love for his profession, and who aims to fulfil the high responsibilities connected with it, will not, in practice, content himself with the theories and statements of another; he will go to the fountain—he will study disease with his own eyes—he will employ his own pencil and draw his own delineations at the bed-side of sickness, and mark the various operations of deranged nature—he will cultivate intimate acquaintance with pathognomonic symptoms in every specimen of morbid action—he will note the peculiar features, the lights and shades, and all the modifying circumstances, which are to aid him in the important, perhaps difficult work of forming a correct judgment in the case before him.

SINGULAR STRICTURE OF THE ŒSOPHAGUS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I should esteem it a very great privilege to make known, through the Journal, a case which, so far as my knowledge, or the knowledge of those whom I have consulted, extends, is without a precedent. By so doing I have hoped to secure to the case the attention of men of medical knowledge, who may be readers of your paper, and, if possible, to find some one who has been acquainted with, or heard of, a similar case, and who could give information or advice in relation to the present one.

The case is as follows: The patient, about 45 years since, at the age of 12 years, was awaked from sleep in the night and tried to swallow, but could not, the effort distressing him very much. He could swallow not a particle of anything until near sunset the next day; and then, in an instant, the passage relaxed and he swallowed with perfect ease. The same attack recurred occasionally for about 5 or 6 years, and then ceased, but left a smallness or stricture in the œsophagus about half way between the throat and the stomach, which troubled him some during spring and fall on sudden changes of the weather, but by resorting to thin food it would recover in a few days. Since that period the difficulty has been wearing off, and the attacks became less frequent and less severe, until about a year since. During all this period, when he could swallow at all, it was without experiencing the least difficulty. In January last, the difficulty returned with more severity than ever, but by resorting to thinner food for a few days it would cease for a short time; then return, and continue 2, 3 or 4 weeks, and again so perfectly recover as that he could swallow liquid with perfect ease. After a few times swallowing, the difficulty would again return for a longer time, and with the stricture increased. It has, since last winter, returned and subsided several times. At several times during this period, when he has experienced great difficulty in the night, he has in the morning swallowed liquid with ease.

In about the last attack, before the present, the stricture subsided entirely. This was in June last; but in a few days the case returned with such severity that he has been under the necessity of taking milk by the teaspoonful or half teaspoon. Food will readily pass as far as the stricture, and then stop for some little time, perhaps some minutes; and then, with a crackling, pass into the stomach. It is a difficult matter for the patient to take food sufficient to support nature. The neck and throat of the patient have been perfectly free from pain, swelling, inflammation and disease. The stricture appears altogether spasmodic.

If any one, whose attention may be drawn to this article, has ever known or heard of any similar case, which has been relieved or cured, he will confer a very great favor by addressing WM. C. WHITRIDGE.

New Bedford, Mass.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 27, 1839.

ESSAY ON INSANITY.*

In July, 1837, the writer visited Dr. Allen's Asylum, at High Beach, in the county of Essex, near London, and admired its retirement, scenery, ample scope for walks, without annoyance and apparent restraint; with judicious moral and medical management, combining many aids to tranquillize disturbed and disordered minds, and enable them to resume healthy tone and action. Dr. A. says, "Here maniacal excitement is often lessened in force and bettered in direction, the sufferer being allowed, with an attendant, to ramble, dance and scream in the forest, all day, instead of being confined in a straight waistcoat.—Insanity, in many cases, consists in aggravation of original peculiarity of character. In addressing these sufferers, I deprecate a tone and manner implying they are different from other people. The impression is too general that they are mostly violent, vociferous, destructive, malicious, dangerous. Undue reference is made to the most striking cases, which are most easily described as interesting pictures, and perhaps most susceptible of relief. This may temporarily exalt or magnify the physician, but is deceptive and therefore wrong, and unnecessarily extends a system of coercion. Happily there is protection around those who are striving to relieve such distress; and they best succeed in withdrawing the sufferers as little as possible from common life. Formerly, some were kept naked, in straw; if mortification occurred from cold of the extreme parts, it was called a 'symptom of insanity'!

Careful examination and inquiry often show that intemperate feeling, wicked, irregular habits, have been followed by insanity, although it may have been attributed to a very different origin. It sometimes seems to be an effect of an over-excitation from mad pursuit of wealth, fame, distinction, the consequent distracting, overwhelming miseries of disappointment, the modes of fashion to which sensitive people, and those who have made themselves morbidly sensitive, become victims, and of which 'vanity is the root, and vexation the product.' From the exhilaration of society they go home exhausted, apathetic, discontented, peevish, making havoc of domestic peace, and producing unhealthiness of mind. Such habits sometimes terminate in alternations of irresistible excitement and depression; their subjects being illy able to withstand the effects of adversity or prosperity. Any excessive passion or propensity is an abnegation of reason. Most of those who lose the power over their minds, have been unaccustomed, in early life, to control their feelings and habits: what contrasts to the good and wise, whose balance of mind is preserved, whose spirits are tranquil and even, who enjoy internal sunshine and diffuse peace and serenity! Health and longevity correspond with the moral state: nothing seems more favorable to these than conduct well regulated, a mind habitually preserved in calm. Reflection restrains the passions; thinking on subjects of exact inquiry, by appropriating the energies to exalted purposes, diverts from exertion of the passions and inferior propensities, and strengthens the controlling influence of reason and conscience.

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* Essay on Insanity. By Matthew Allen, M.D., late Medical Superintendent of York Asylum, author of Lectures on the Temper and Spirit of Christianity, and on the Principles of Education, &c. "Thou shalt not break the bruised reed." "Take no pleasure in an idiot's folly, a lunatic's whims and fancies, a drunkard's frenzy. They are objects of pity, not of pastime. How thou art indebted, that thou art not like them!" "The cure of mind is the most noble branch of medicine." London.

In management of insanity, no deception should be used, else the basis is destroyed on which moral good can be effected. Without truth there can be no confidence.* Each case requires its appropriate plan; we can hint only at the general spirit of procedure. If a sufferer can comprehend the reasoning, he may be advised that on account of things unusual and strange in his words and actions, his mind is not considered to be in a right state; that it is hoped his conduct will not confirm this impression. Sometimes a deluded person is corrected by witnessing his case caricatured in another's. There is more merriment than melancholy among the insane. I believe their average of happiness exceeds that of an equal number of other people.

Domestic strife is more subversive of peace, health and life, than is commonly perceived. Among the sufferers to whom I have ministered was one who hastily married an exceedingly beautiful girl, aged 16, uneducated; after her deficiencies as companion, &c., were developed, love cooled, a proud, impatient, uncontrollable temper was made worse, quarrels became habitual, hatred, misery and distraction. The sublime principle of rightly constituted, spiritual, mental marriage is involved in consideration of such cases. Because proper understanding of this principle is not duly impressed, the parties bring on themselves and friends, and entail on their offspring, numerous frightful evils, even the most terrible forms of insanity." It is the indispensable duty of parents and guardians to protect the immature beings intrusted to them from undertaking serious engagements, the nature of which they do not realize. When such are consummated, the victim requires to be fortified by the most prudent counsels and supports, instructed, encouraged, aided, not to shrink from, but to learn and determine to fulfil, become adapted, assimilated to the duties of the union. This seems the only mode to prevent or remedy its evils, or atone for the short-sightedness, blunder, or delusion which so prematurely induced them. Neglect of such means would argue great defect of moral sense in the responsible parties.

We would not in any degree curtail or suppress the delightful, cheerful, light-hearted and joyous buoyancy of youth, nor chill the apparent sunshine of what passes for external prosperity. To give to these permanency of support, to prevent heart-burnings, the bitterness of disappointment and blight of hopes and prosperity, be it remembered, the grand means of education is preparation for the serious business of life, exemption from which, riches do not purchase; why should it be craved!—that the smiling indulgence which cheers the transient tenderness and attractions of youth, passes away with them, and is succeeded by requisitions for efficient agency in the affairs of society, and for care of new helpless ones: their own parents and others, now sober and uncomely, the sedulous ministers to their children's indulgence, have been as comely and much cared for as they, and are now valued only as they usefully grace their stations.

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* It was a maxim of the late Dr. Bowditch, " Truth never to be, in the slightest degree, on any inducement, disregarded."

Elements of Pathological Anatomy.—Occasional mention has been made of the progress of this excellent work, by Dr. Gross, of Cincinnati. Owing to some difficulty in procuring colorers—the engravings being essential accompaniments of the text—the publishers could not complete the two volumes as early as contemplated, when the author placed the manuscript in their hands. However, the first volume, containing five hundred and eighteen large octavo pages, elegantly executed, has been finished, and the second will soon follow. The plates have never been surpassed, in point of execution, in any medical publication in this country. The paper is fine, white and firm—the binding simple, but neat—and, best of all, the price will not place it beyond the reach of those who feel obliged to economize in the purchase of books. Thus much for the external appearance of Dr. Gross's system of Pathological Anatomy. When we have obtained the whole, which, perhaps, may be a week hence, some account will be given of its internal character. It is dedicated to Daniel Drake, M.D. It is to be lamented that hundreds of copies could not be distributed at the south and west, before the students, who are now attending medical lectures, disperse.

Auscultation and Percussion.—The celebrated treatise by A. Raciborski, M.D., translated by Minturn Post, M.D., of Newcourt, from the press of Collins, Keese & Co., meets with decided favor. It is divided into two parts; and the first is sub-divided into nine chapters. All that is requisite to be known from reading on this important subject, is clearly and lucidly written;—with little or no instruction at the bed-side, it seems to us that it would be possible for a student, with this treatise, to become tolerably skilful in detecting the condition of diseased organs. It is of consequence to be familiar with the sound of the chest in perfect health, which the learned author has not forgotten to teach. The topography of the internal machinery of life, in the normal state, including every imaginable particular, has not been slighted in the least degree. Dr. Post appears to have executed the translation with a fidelity that will gain him the applause of all who realize the inestimable value of this comparatively new mode of relieving physical suffering, by first ascertaining with positive exactness the point where the remedy is to be applied.

Vermont Asylum for the Insane.—The third annual report of the physician and superintendent has been published by order of the Legislature. In the report of the trustees, which accompanies the other, we discover that the expenses of the institution for 1839, ending October 1st, were only $7,612 68. The produce of the farm, which was consumed at home, is not included in the account. Unlike most charities in this country, the income has actually exceeded the expenses. The revenue derived from the board of patients, in the same time, was $7,926 54. Trustees who can manage thus economically, and in no instance lessen the dignity of the trust confided to their care, deserve much credit, as in most cases the annual cry is—more money wanted—the outgo exceeds the income!

At the close of the last year, 36 patients remained, and 71 have been added. October 1, 69 were under the care of the superintendent. Of the 38 cases discharged, there have been 25 recovered, 8 improved, 3 unimproved, and 2 died.

Dr. Rockwell's report is a sensible paper—both scientific and business-like. The asylum is located at Brattleboro'—a charming town; and we congratulate the people of Vermont [illegible] having this benevolent establishment, which is so highly creditable to the State, under the care of an able, talented and humane physician.

Medical Miscellany.—The mortality at Mobile has been frightful. Six hundred and thirty-eight burials took place in August, September and October. Last year, in the same time, there were but 164 deaths.—No cases of yellow fever have appeared in Augusta since the first frost appeared.—November 1st, the yellow fever was raging at Natchez.—Some distressing cases of hydrophobia are represented to have occurred at Baltimore, recently.—The second report of the Boston Infirmary for Diseases of the Lungs, has been presented to our citizens, which shows very clearly that the claims which the infirmary has upon the benevolence of those who feel for the woes of others, are strong and well grounded. The particulars are reserved for another number.—Whole number of individuals who applied at the Mass. Charitable Eye and Ear Infirmary from Oct. 26, 1838, to Oct. 31, 1839, 666; number of out-door patients, 544—do. house patients, 122. No. of cases of diseases of the eye, 555—males, 276; females, 279. No. of cases of diseases of the ear, 111—males, 58; fem., 53.

Died,—At Donaldsonville, La., Oct. 20th, Dr. Van Rensselaer, formerly of the State of New York.—At Edgewood, Virg., Dr. Carter Berkley, 72.

Whole number of deaths in Boston for the week ending Nov. 23, 33. Males, 15—females, 18. Of consumption, 2—cholera morbus, 1—inflammation of the bowels, 1—croup, 2—hemorrhage, 1—infantile, 1—abscess, 1—affection of the heart, 1—suicide, 1—smallpox, 3—lung fever, 1—dropsy, 2—old age, 1—debility, 1—dropsy on the brain, 1—convulsions, 1—burn, 1—fits, 3—typhous fever, 1—intemperance, 1—inflammation of the brain, 2—mortification, 1.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by Joseph Roby, M.D.
Theory and Practice of Physic, by John Delamater, M.D.
Obstetrics, by Ebenezer Wells, M.D.
Chemistry and Materia Medica, by Parker Cleaveland, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is $50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. P. CLEAVELAND, *Secretary*.

Brunswick, Me. Nov., 1839. N 27—eop6t

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructers.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

Anatomy.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

Surgery.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

Chemistry.—Recitations and instructions by Dr. Storer.

Physiology and Pathology.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

Midwifery.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

Theory and Practice of Medicine, Clinical Instruction, and Materia Medica, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839. eop6m

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

DRS. FLINT AND JONES

Propose to give a private course of Lectures on Anatomy, Physiology and Surgery, to commence December 1st, current, and continue to March 1st, 1840.

They have convenient rooms, a good Library, and such facilities for dissections as will render a course of lectures interesting and useful to medical students.

J. H. FLINT.
B. B. JONES.

☞ Drs. F. & J. will allow their pupils daily access to their "Private Hospital," and also to witness such operations in surgery and important cases in medicine as may occur in their private practice.

Springfield, Mass., Nov. 9, 1839. N 20—2t*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

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ICE AS A TOPICAL REMEDY IN CERTAIN CASES OF POISONED WOUNDS.

[Communicated for the Boston Medical and Surgical Journal.]

The intense suffering, as well as the danger to life in some instances, from the stings of bees, wasps, and other insects capable of inflicting such wounds, very properly constitute them objects of profound interest with the practitioners of medicine, and would seem to justify any reasonable efforts in the way of innovation, to improve their treatment. In this view the following communication is drawn up and presented to the profession.

Until within the last nine years, I had employed the ordinary topical remedies so familiar with practitioners in the management of cases of bee, wasp, yellow-jacket and hornet stings; and although faithfully applied, I had often to regret that they were so generally ineffectual, or tardy in affording relief. Such unsatisfactory results, very soon after I commenced the practice of medicine, induced me to attempt some improvement, or rather a modification of the plans already in use. But it was not until the year 1830 that I found myself in possession of a mode of treating these painful accidents more in accordance with my views and wishes.

About the middle of the spring of the year referred to, my attention was first directed to the use of *ice* as a topical remedy in bee-sting; and the idea, as well as the first case in which I used it, occurred very nearly simultaneously. The case, however, had precedence a few seconds, as the thought of employing the ice in such cases was suggested to my mind while I was hastening to the relief of one of my small children, who had just experienced a severe bee-sting on the lower lid of the left eye. In this case I instantly applied a piece of ice to the wounded part, sufficiently large to cover the lid and a considerable portion of the parts contiguous; and, by a most fortunate coincidence, the ice was already broken up, and directly in my way to the child, which enabled me to use it under the most favorable circumstances for relief, and for a fair trial of it in such a case. The child ceased crying almost instantly, declaring that it was relieved of the pain of the sting. It very soon after, however, began to complain of pain from the ice, which required its momentary removal. After the aching moderated it was again applied for a few minutes, but required to be removed temporarily from time to time, until half an hour had been consumed. I applied the ice to the parts so as to compress them, with a view of depressing the temperature as well as their vitality decidedly, and to some extent, in the hope that by obtunding their sensibility, and at the same time suspending the circulatory operation, I might relieve pain, and prevent the swelling so apt to follow in such cases; and my hopes were more than realized by the result.

As if to confirm my views, and to establish my confidence relative to the efficacy of ice in treating stings as speedily as possible, a case, precisely similar to the one already related, occurred the next day in my own person. My lower eyelid was stung about the inferior margin of the tarsus, from which I experienced the most intense suffering. Fortunately I had it in my power to use the ice instantly, and before, as in my child's case, the least swelling followed. The pain ceased almost the instant the ice touched the part, and did not again recur. Applying the remedy myself, it was removed before the aching, which distressed the child so much, became painful; but it was again and again applied and removed in alternations, until fully half an hour's time had been consumed; and finally the ice was laid aside altogether, without being followed by any return of the original pain, or the least swelling of the parts.

Since these, my first trials with the ice, I have repeatedly employed it in similar cases, and with the most satisfactory success; and I now use it in preference to all other remedies in cases of stings, when to be had. The ice, to be effectual, should be applied before the parts swell, and always so decidedly as to benumb and deaden their sensibility. This will at once and effectually relieve the pain from the sting, and at the same time prevent those distressing constitutional symptoms which sometimes follow: it will also effectually guard against the temporary deformity from the swellings which so constantly result from stings under the ordinary modes of treatment.

With very young children, and when, too, the stings are inflicted near the eyes, or any other delicate part, which might be endangered by using some of the irritating means usually employed in such cases, the ice will prove a most valuable remedy. It will be found exceedingly useful, likewise, for the prompt and efficient relief it affords in treating the accident, when it occurs with individuals of peculiar susceptibilities, which occasionally render bee or wasp stings fatal, and suddenly so.

Ice seems to act, in the cases referred to, very nearly as cold water, but more powerfully; and its action, too, may be assimilated to that of cupping glasses, inasmuch as it suspends the centripetal actions as well as the organic circulation, for a limited period, thereby preventing the diffusion of the poison, as well as most of the constitutional symptoms usually resulting from it. It is more efficient than cupping glasses, and infinitely more applicable on the score of convenience, as it may be applied to any external region of the body with ease and safety; it can also be applied to the internal parts from the mouth to the stomach; and it may be rendered more or less powerful in its depressing operation upon the vital actions, as may be required by the degree of violence or extent of the injury.

I am inclined to believe, that the ice in these cases not only relieves pain, and prevents the diffusion of the poison from the sting, by its powerful action as a sedative, but that it also decomposes the poison, or, in some inexplicable way, deprives it of some property—perhaps a volatile principle, which may be necessary for its ready distribution and operation as such, with the constitution. In this opinion I am supported by the fact, that swellings and soreness rarely, if ever, follow stings, after ice has been efficiently applied, and in due time. It can hardly be supposed to operate remediately by diluting, and in that way to weaken the poison so as to render it inert. The fluid formed by the melting of ice, when applied to a stung part, would not be likely to enter so delicate a puncture as that formed by a sting, in sufficient quantity to dilute the poison, so as to wash it away, or to render it inert. That the poison, in every case of sting, is usually deposited in the textures through the puncture formed by the sting, cannot be questioned; and I will add, completely beyond the action of any other but the most attenuated fluids.

May not a more prolonged and decided application of the ice prove equally beneficial in the management of every species of poisoned wound from insects, reptiles, and even rabid animals? I think it may; and should cases occur, I shall certainly give it a fair trial in their treatment.

If any record of the use of ice, in treating poisoned wounds, exists, I am totally ignorant of it. I am sensible that cold water has been often recommended in the cases in question—nay, it has frequently been employed by myself. But as far as I know to the contrary, this is the first written account of the use of ice as a remedy in poisoned wounds of the kind here considered. JOHN P. METTAUER, M.D., of Virginia.

Prince Edward C. H., Oct. 26, 1839.

TEMPERANCE IN ALL THINGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Though I had your permission, some time ago, to present a few thoughts to your readers on the subject of temperance in all things, or, as some call it, ultra-temperance, yet I might never have availed myself of the opportunity afforded by your generous offer, had not our brother "Senex" come out, in recent numbers of your Journal, with views so strange that I felt myself compelled to speak. Thus we are sometimes, as the scriptures say, "provoked" to "good works," when no other motive will draw us out of the ordinary routine of selfishness.

Allow me to begin my course of remarks by noticing the criticisms of one of your correspondents, of about a year ago, on my little book on "Vegetable Diet;" and by presenting a few thoughts in the way of self-defence.

Your correspondent, in No. 12, Vol. XIX., after introducing me to the medical public as an author, and saying many good things of my general intentions, proceeds to say of me: "He has joined Mr. Graham and a small band of kindred spirits, and is earnest and eloquent in denouncing the use of flesh, and applauding the virtues of abstinence and starvation."

But where, Mr. Editor, is the evidence that I have joined Mr. Graham? Is it found in the fact that the Graham Journal sometimes quotes from my writings? But this is done to at least an equal extent by the Thomsonians. Why not infer, then, that I have joined the Thomsonians? Is it said that I have disclaimed this? So have I, from the very first—and with equal distinctness—disclaimed Grahamism. Is the evidence to be found in the fact that the Grahamites *claim* that I belong to their party? But so do the Thomsonians; or so, at least, they *have* done. Is it because I have presided, some two or three years, over a society of inquiry on the subject of health, a part of whose members—but a part only—are Grahamites? Is it found in the fact that this society, of which I am president, is accustomed to publish its proceedings in the Graham Journal, because, as I suppose, no other paper or journal will admit its proceedings to its columns, at least without considerable expense? Or is it found, lastly, in the fact that among other items of improvements which I would introduce into social life, is the disuse, the general disuse, of flesh as an article of food? Not that I denounce flesh entirely, and in all circumstances; for this I have never done. I have only, at the most, attempted to show "a more excellent way," as a general fact, than to use it. Yet if this is joining Mr. Graham, then Professor Mussey, and a host of others who have abandoned the use of flesh meat, have also joined him; though many of them, as is well known, would repel the idea of being regarded as his disciples—perhaps with indignation. Nay, more still; on this principle I see not but it must follow that the Bible Society of Christians, a sect which sprung up in England 30 years ago, but which now numbers near a thousand communicants, with one or two colonies in this country, must be Grahamites, for they, too, reject flesh. True, they never heard of Mr. Graham, as a teacher on this subject, nor did any body else, till about seven or eight years ago; but then, if we make abstinence from flesh meat, whatever may have led us to abstain, the test of discipleship, they are surely Grahamites. So with Dr. Lamb and his followers in England, during the last 40 years; so with Dr. Cheyne, 200 years ago; and so with the Pythagoreans, the Essenes, the Persians and the Egyptians; indeed, so—out of Britain and the United States—with the "bone and sinew" of the world in all known ages, to the present time. The majority of the hard-working classes have been and still are—though it be from necessity—vegetable eaters.

But it is not true that I have joined Mr. Graham, nor that I have been earnest or eloquent in "applauding the virtues of abstinence and starvation." In this respect, no less than in many others, I am often wholly misrepresented. I am so, both by the writer in question, and by your correspondent Senex; and though I have sometimes resolved to bear these misrepresentations in silence—and would do so were personal reputation alone concerned—yet it does appear to me, on the whole, that the time has arrived when a regard to the public good demands that

I should defend myself so far as to state distinctly and implicitly, but briefly, what my purposes are.

What I have in view, then, is neither more nor less than to aid in carrying out the great object of Christianity—TO MAKE MANKIND BETTER. I suppose that the instructers and elevators of mankind have hitherto—very generally—made a serious mistake, in not endeavoring to elevate, in due proportion, their *whole* nature. They have hoped to raise man, *intellectually and morally*, and have labored in season and out of season, to accomplish this object, without doing much for him *physically*. They seem to have forgotten to look for his redemption "wholly"—as Paul expresses it—"body, soul and spirit." This has greatly retarded—and in my view continues to retard—the wheels of reform. Attempts to inculcate on mankind the necessity of obeying the Creator's natural laws, as well as his moral ones, have been very few indeed. In our feeble, vacillating, half-earnest efforts to obey revealed law, the laws within and around us have been, very generally, overlooked or practically disregarded.

Moreover, wherever human reformation has been attempted in a rational manner, it has usually been with a primary reference to those whose characters of body and mind are already, in a good degree, fixed. The most aimed at has been *correction;* few, indeed, have done much in the way of *prevention*, or seemed to appreciate the importance of applying their efforts in this particular department.

In attempting, as I have done, during the last few years, to prevent some of the *physical evils* which prevail among us, and to promote *physical good*, I have found it my duty to make war, to a very great extent, on existing customs and usages. I have been compelled to complain of quackery, in various forms, both regular and unlicensed. I have complained both of neglect of education, and mis-education. I have pleaded, to some extent, the cause of natural law. I have appealed to parents and masters and teachers, especially on the subject of correct physical education. I have tried to turn off the public attention, in part at least, from office seeking and pleasure chasing and money making, and direct it to the best good of the rising generation. Among other classes to whom I have appealed, have been the proprietors of shops and factories. I have sought to direct attention, here, to the health and morals of the operatives. I have spoken of the laws and relations of the human constitution, and have urged, with all the earnestness in my power, the importance and necessity of making the study of these laws exceedingly prominent in all our families and schools. I have even ventured on the opinion that neither the professed disciples of Jesus Christ, nor their teachers, can become as perfect as they desire to be, while they continue, in a highly civilized state of society, to neglect, as they have hitherto done, these laws and relations.

In endeavoring, from time to time, to explain some of these laws, and to point to some of these relations, it has appeared to be my duty to advert to many daily violations of natural law, within us and around us. I have spoken of the various forms of intemperance which exist in society, whether in regard to one appetite or another, and whether from privation, irregularity or excess—of air, exercise, food, drink, sleep, recreations, employment, study, &c. I have endeavored to expose error, both as regards quantity and quality.

As long as what I taught corresponded with the views of Combe and others of the same school of philosophy, all has seemed to go on very smoothly. But whenever, in the expression of my own independent opinion, I have departed one iota from received doctrines—the most *fashionable fashion* in opinion—an outcry has been raised. I have said but little, that is *comparatively*, on the subject of dietetics, but have expended the far greater proportion of my efforts in endeavoring to remove that murderous quackery, moral and physical, which everywhere prevails, and the ignorance in which it thrives. Still, whenever I have touched upon any topic which led inevitably to the inculcation of self-denial—to the restraint of any one of the *three animal appetites*—it has been my lot to awaken, most strongly, the opposition of those whose bodies are not kept in due subjection, as well as of some from whom we might hope better things. My remarks have called forth, at times, whole torrents, not of sober argument, but of ridicule and reproach. Argument, had it been elicited, I should have been prepared to meet. Those who have opposed my views, in the columns of your Journal, have, without the slightest exception, fallen into the error of assailing me with confident assertions, reproaches or ridicule, or at most with arguments that were obsolete, not to say worn threadbare.

This species of opposition will never do. The cause I have espoused —be it true or untrue—is not to be put down by ridicule and reproach; by crying out "bran bread and water," "starvation," "mad-dog," or "Grahamism." Such outcries may deter people from inquiry for a little while, but they soon lose their effect. And I say again, that if I am to be put down at all, it must be by sober argument.

But enough of mere personal defence. It was painful to me to begin with such a course of remark, and it is exceedingly gratifying to me to close it. Under various heads, such as the Natural Food of Man, Artificial Drinks, Temperance, Longevity, &c., I propose to meet, in a few successive numbers of your Journal, everything worth answering which your correspondents have brought against the views I entertain; and also to show, to every candid and ingenuous medical man, that the reform at which I aim, is one at which—as a lover of just medical science as well as of intelligence, virtue, and sound piety—he could not fail to rejoice. It is in truth—I repeat it—the application of Christianity, pure and undefiled, to the physical condition and physical and moral redemption and renovation of man. Yours, &c.

Dedham, Oct. 31*st*, 1839. Wm. A. Alcott.

ULTRAISM.

[Communicated for the Boston Medical and Surgical Journal.]

Innovation is the order of the day. It pervades every class and calling in the community. From the elevated statesman, who devises the laws and regulations which bind together the different elements of which society is composed, down to the most obscure mechanic in the most insignificant art, it is the *presiding genius.* This is as it should be. We are wiser than were our fathers, and we are willing to believe that our children will be wiser than ourselves. Were it not for this spirit of change and innovation, the world would forever remain *in statu quo;* the condition of man would cease to be gradually improving, and the whole human race, like the Egyptians of old, would relapse back into a state of darkness, ignorance and doubt. If it had not been for this love of change implanted in the human breast, we should never have heard of those modern discoveries and inventions, that show the ingenuity of man, and assert the sovereignty of the human mind.

It is only when this spirit is carried to extremes—when it runs into ultraism, that it becomes subversive of the good it would otherwise accomplish. And, unfortunately, this spirit of innovation has of late years been too often carried to extremes, and especially has this been the case in medical science.

We often hear it remarked that this is an age of realities—an age unfavorable to poetical fictions, to airy speculations and visionary theories. But this remark is the farthest possible from truth. Men now indulge themselves in as wild dreams, as visionary fancies, and as absurd speculations, as ever they did in the most palmy days of chivalry, when courtly knights and crazy squires wandered about the country, seeking adventures, armed to the teeth against giants, and for the especial protection of bewildered maidens. What! call this an age of reality and common sense, when animal magnetism is attracting the wonder and astonishment of the world! Call this an age of reason, when homœopathy, with all its glaring absurdity and ridiculous theories, finds its advocates! Call this an unvisionary age, when the pale, half-starved vegetable-eater comes forward with his consumptive visage and emaciated limbs, and tells you that he is the "properest" formed man —that his limbs are fashioned in the mould of beauty! and when he farther tells you that the abundance of flesh with which the Almighty has filled the earth was not made to be eaten—that the innumerable herds that roam over the thousand hills were not provided for the benefit and sustenance of man—that man must live upon the herb—when, I say, he tells you these things, and finds those who believe him and endeavor to follow his precepts, would you believe that you existed in an age of reality and common sense?

It is now almost impossible for a man to become known and popular in the medical profession by straight-forward, plain common sense. He must be the author of some monstrous theory, or the starter of some novel doctrine, if he would get his name up. Talk of moderation, of reason, and of an intellect that is able to demonstrate all its assertions! It will do well to talk of these qualities, but they will avail us but little in the profession of medicine at this epoch of time. Moderation is trampled under foot; every one imagines himself possessed of common sense, and men are now too much engaged in gathering up the gear of this world to permit them to listen to demonstration. It is, therefore, nothing but startling assertions, which cannot be maintained by reason, that now attract the attention of the world in our profession.

If, then, you would wish to aspire to eminence in the science of medicine, you must launch out, and go the whole figure in something. Become the advocate of some new theory, or some dogma dropped from the overflowing mind of some great man. No matter how absurd the doctrine you advocate. The more absurd, the more conspicuous you will appear, if you can contrive to make yourself as wild and as enthusiastic in its support as the doctrine itself is revolting and ridiculous. If you can hit upon no other way to make yourself notorious, become a Grahamite, an animal magnetizer, a steamer, or anything, in fact. No matter what you take up in our profession; if you only become somewhat insane and inspired in its support, your fortune and your reputation are made.

We often talk of merit succeeding in the medical profession. But small is the chance for merit, when it has to compete with brow-beating impudence. Modest merit will always stand abashed to hear impudence proclaim its virtues and its many acquirements. It matters not how small a man's talents are, or how few are his acquired abilities; if he is able to puff himself, he will surely succeed.

Let not, then, the medical tyro rely on his talents, his learning and his acquirements, for success in the profession. Talents, if he does not have a peculiar faculty of showing them, will lie buried, and the people will trample on them in contempt; while the blusterer, with scarcely a scrap of learning and less honor, will be raised into favor. I would not here speak lightly of learning and science in the medical profession; science and application are the only qualities that can make a medical man truly great. But let him be cautious, lest, whilst he is giving his attention to scientific investigations, the quack, the mere pretender, the man without merit or honor, run away with all the profit of the profession.

I have known a quack who was not acquainted with even the first rudiments of the science of medicine, go into a city, and by mere dint of blustering and puffing, gull the people out of more money than all the rest of the physicians of the city received for all their hard services. He was a Grahamite—he was a Thomsonian—a vender of nostrums, and a puffer of placebos—and the people brought unto him their lame, their halt and their blind, and even besought him to touch them, as if they believed him possessed of the powers of a Saviour. And they would have continued to think him a superior being, if he had not unfortunately committed an extensive forgery, and cleared out with another man's wife, leaving the sick to heal the sick, and the dead to bury their dead.

I would again say to the young practitioner, if you wish to succeed, become an ultraist, an enthusiast, a monomaniac, or, indeed, anything that may attract the attention of the people. If you are a scientific man, you must, in these days, use quackery, in order to bring your science into action. Quackery must be your van guard, but science the body of your force. Without your van guard, you would be taken by surprise ; and without science, you are weak and puerile, just fit to contend with

> The noisy quack, who by profession lies,
> And utters falsehoods of enormous size.

Gray (Me.), Oct., 1839. N. H. Allen.

LABOR WITHOUT PAIN.

[A correspondent in Virginia, to whom we are indebted for many favors, has kindly related the following case, which occurred in the practice of Dr. J. N. Powell, an eminent practitioner in that State.]

In the year 1834 (February 5th), says Dr. Powell, I was requested to visit a servant woman, the property of Mr. Jno. L. Bailey, who was represented to me *as being in labor.* Upon my arrival, the old midwife directed my attention to a huge mass of something, lying upon the bed, of which, she informed me, the woman had just been delivered. By this time I had been in sufficiently long to know that if the woman had been in labor, she was not then so; for she had no parturient pains, the abdominal tumor had subsided, and the *uterus* contracted, I was myself at first at a loss to conceive the character of the product, but upon examining it, soon discovered it was a *fœtus* enveloped in the membranes, precisely as *in utero,* except that the *placenta* had been detached from the *uterus,* and expelled along with the fœtus and membranes. I ruptured the membranes ; the *liquor amnii* was discharged, and a full-grown fœtus exhibited to view, occupying the exact position that it had done in the *uterus,* and illustrating the force of the expression of the celebrated Hogarth, that " it was an excellent living specimen of retirement from the world." The umbilical cord still *feebly* pulsated (scarcely perceptible), and I attempted its resuscitation, but in vain ; it was too late.

This is the first instance of the kind that has come under my observation in an extensive practice of 6 or 8 years ; and I don't know that I have seen *a similar case recorded.* The process of labor is usually *gradual,* exhibiting regular and successive phenomena, and giving a timely premonition of the approaching event. But in this case most of the incipient indications of labor were absent, and the condition of the *os uteri,* as to dilatation and resistance, being favorable, when pain supervened, by one powerful contractile effort of the womb *all its contents were expelled* ; thus verifying the language of the distinguished Harvey —" *Fœtus ejicitur, potius quam paritur.*"

ON VACCINATION.

BY EDWARD LEESE, ESQ., M.R.C.S.

In different ages of the world, more human beings have been destroyed by the ravages of smallpox, than by any other known disease ; consequently there cannot be a medical subject of greater interest and importance to society, than the attainment of care and knowledge with regard to the properties of the *vaccine lymph*, and the best mode of conducting *vaccination*, so as to call forth the prophylactic powers with which it is endowed. To show the average number of those who take variola after vaccination, many statistical accounts have come before the public; none more startling than that from the Smallpox Hospital at St. Pancras; but when we take into consideration the grade of persons who are generally the patients of that institution, our marvelling will somewhat abate; they being such as very probably had been vaccinated in the most careless manner, and whose representations as to what had previously been produced in their arms cannot always be depended upon. Had an account of the vaccination done by their own officers accompanied this document, a very marked difference would, no doubt, have been apparent; and it is consolatory to find that their report is at variance with the result of my own practice, as also differing, exceedingly, from the statements of others—some taking their rise from the experience of men who have had before them wide fields for observation. That taken from official records for the district of Chelsea, by Mr. Barrett Marshall, carries with it the genuine marks of sound, practical information, and for careful personal investigation is particularly conspicuous.

That vaccination does generally, and for the most part, afford protection against variola, has been proved by the immense numbers that have, at different times since the year 1798, been submitted to it; and if this lymph, derived from the cow, possesses power to secure, with slight suffering, and no danger, 95 or 90 individuals in every hundred, why should it in a few instances disappoint our wishes and expectations? Some men have supposed the virus to have lost, by repeated transmissions through the human subject, a portion of those properties it in the first instance possessed. With other morbific poisons this is not found to be the case, nor is it with our ancient and destructive enemy, *variola*. The matter of this disease, and the infection, are as virulent in our time as they were when first described by Rhazes, and other Arabian physicians. If several individuals be inoculated from one and the same pustule, the symptoms in each may differ, as the idiosyncrasy of each may vary; in one the disease may be mild and distinct, in another severe, confluent and fatal; still, either of these forms may produce its reverse without our option; and if the mortality be not now as great as heretofore, it is to the better condition of our cities—of our habitations, ventilation, mode of living, and the improved method of treating the disease, we are to look for the alteration, rather than to the disease *per se;* the *materia morbi* has ever been the same; the germ of the disease is developed *de novo* in each instance; the effects alone are modified by the extrinsic circumstances. So with regard to the vaccine lymph; there does not appear to be any good or well-founded reason for supposing it to have lost any portion of those properties it possessed in the time of Jenner.

Smallpox has sometimes followed its use, not because the lymph itself has degenerated, but in consequence of the feeble and scanty manner in which it has been applied; *not* in the material, but in the manipulation of it, lies the fault. As before stated, all human constitutions are not alike, neither is the susceptibility to variola alike in every person; one may be partially, or for a time only—another may appear fully and permanently secured by the agency of a *single vesicle*, which at best can make an impression slight only in degree, extending but feebly through the general system, or perchance, may be as local and circumscribed as a boil of the most trivial kind.

An attempt to explain the precise nature of that change in the human economy which generally prevents the recurrence of measles, scarlatina, smallpox, and other specific diseases, as they are termed, would here be merely a waste of time, whether it be in the blood, or the vessels containing the circulating fluid; in the brain, or sentient extremities of the nerves; but this we know, that "*pyrexia*" is a never-failing symptom, accompanying either of these diseases; and this analogy supports the belief that to bring into effect the permanent prophylactic powers of vaccine lymph, a *certain quantum* of *symptomatic fever* must be excited, as a *sine qua non;* and if a solitary vesicle be now and then sufficient, *à fortiori*, a larger number will be more sure to produce this desirable change. A wide range is open to us ere it reach the intensity at all times accompanying variola, but it never has, by any mode of practice, been so excited as to hazard the life of the patient, much less to propagate and diffuse through a neighborhood either contagion or infection.

The cases of smallpox after vaccination that have fallen under my observation, have always shown the former to be modified by the previous vaccine process, and the severity as well as the duration of the dangerous symptoms to be mitigated in proportion to the number of existing cicatrices, and these I take to be presumptive evidence as to the degree of constitutional impression made by the vaccination; such an opinion is amply sustained by the effects which follow a repetition of vaccination.

During the year 1838 about 300 persons, of various ages, applied at the station in Baker street to be re-vaccinated; in many 15 to 25 years had intervened since the former application of vaccine lymph; in others more than 30 years, having been done by various practitioners in different parts of the empire; to each of these individuals "fluid virus" was applied by me, by three punctures in each arm; of these patients 235 attended subsequently for inspection, when the appearances were noted in the register; and by reference to this we find that 88 of them had but *one* vaccine cicatrix; 95 had *two;* 22 had *three;* 23 had *four;* 3 had *five;* 4 had *six*. The degree of intensity and duration of effect arising from the second application of fluid virus, was evidently governed more by the number of vaccine cicatrices already existing, than by the lapse of time intervening. A glance at the table on the following page will exemplify this fact.

Thus it would appear that those who already bore *five or six cicatrices* of vaccination almost wholly resisted the action of virus a second time; of those who had *three* or *four* cicatrices, a small portion only showed much effect; whereas in those who had but *one* or even *two* cicatrices, the effect was almost invariably great, the vesicles progressing regularly, having areola on the 8th or 9th day, with the usual febrile excitement, in consequence of the imperfect and superficial manner in which they had been previously vaccinated, rather than of the interval that had elapsed, the degree of intensity being in the inverse ratio to that of the former application. The case is similar with regard to smallpox occurring after vaccination, its symptoms and duration being mitigated in proportion to the intensity of the vaccine process.

Number of Patients Re-vaccinated.	Number of Cicatrices in each Patient.	Degree of intensity by Re-vaccination.	
		Effect slight.	Effect great—perfect vesicles and areolæ.
In . . . 88	1	9	79
95	2	21	74
22	3	7	15
23	4	19	4
3	5	3	—
4	6	4	—
235			

As such pathological principles as I have here brought into view (published as far back as the year 1812, and more particularly in 1833), have guided my practice for more than thirty years, I am in the habit of making in my patients, with fluid virus, *three punctures in each arm*, and do not rest satisfied unless these, or at least *four* of them, take effect. In the prophylactic efficacy of vaccine virus, when administered with fair and proper degree of force, I feel confident, and do not doubt but that the human constitution may be secured thereby against all the dangers of smallpox.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 4, 1839.

LECTURES ON PHRENOLOGY.*

Mr. Colman, a New York publisher, with whose enterprise we are all familiar, as he formerly resided in Boston, has given the public a volume which will be read with delight by all who love the study of nature. Mr. Andrew Boardman, Secretary of the Phrenological Society of New York, when Mr. Combe commenced his series of lectures in that city the last winter, agreed to furnish certain newspapers with condensed reports. These were read with avidity by the great public, throughout the country, and in that way those who entertained erroneous views of the science of phrenology, were shown that the Edinburgh philosopher was not only a profound reasoner, but a teacher to whom the most learned might listen with profit and increasing satisfaction. These reports are contained in the present volume.

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* Lectures on Phrenology, by George Combe, Esq., including its application to the present and prospective condition of the United States. With notes, an introductory essay, and an historical sketch, by Andrew Boardman. New York: Samuel Colman. 8vo., p. 388. 1839.

In the preface there is a sort of paragraphic description of Mr. Combe's personal appearance, even to the color of his hair. Now this is a little too minute; the reporter might have waited a while—for he has fairly robbed some future biographer of item after item which constitute the very cream of a great man's description after he is dead. Again, we protest against the black, six-inch profile caricature of the lecturer, facing the title page. It is puerile: it lessens the dignity of the subject, and exhibits a gentleman, for whom we entertain the warmest feelings of respect, as an object to be shown off like a Nemean lion.

An essay on the phrenological mode of investigation, is an admirable paper. If this emanated exclusively from Mr. Boardman, it is evident that his brain is a most noble organ. As we have no room to dwell upon it, much as we should like to show its good sense and its beauties, nor an opportunity for analyzing the sketch of the rise, progress and present condition of phrenology, an extensive domain must necessarily be passed by, as a traveller in a stage-coach sweeps by a succession of cultivated fields and verdant landscapes, regretting that he has not leisure for enjoying the whole without interruption.

Finally, at the ninety-first page, the proper subject matter of the book begins, viz., lectures on phrenology and its application. From our recollection of what we heard the lecturer say in Boston, in the first course he delivered in this country, we are impressed with the accuracy of the reporter. In some sentences the language seems to be exactly the same—and with respect to the spirit of the discourses, it is all there—no evaporation has taken place. We do not wish to conceal the fact that we like the book right well; and with respect to Mr. Combe, we are proud to say that we still believe—what was often declared in this Journal on his first arrival, and before our cotemporaries had begun to comment—that he is fully entitled to all the civilities, hospitalities and attentions from our countrymen, which a philosopher of universal fame has a right to expect among a people proud of their institutions, their independence, and their freedom from prejudice against the literati of the old world.

Experiments on the Action of the Heart.—An unpretending little pamphlet, of eighteen pages, entitled "Report of Experiments on the Action of the Heart, by C. W. Pennock, M.D., Physician to the Philadelphia Hospital, Blockley, and E. M. Moore, M.D., late physician to the Frankford Asylum," contains some important facts, which, to the physiologist, are of the highest import. The gentlemen, who show themselves so admirably qualified to continue the subject, ought not to rest from their labors till they have reared a monument, by their united industry, that will be honorable to the age, to their own memories, and to the progress of science in the new world. It is because the number who manifest an enterprising spirit in the field of physiological research, in this country, is so small, that we are anxious to have something done which shall be creditable to the profession of the United States. Having been read before the Philadelphia Pathological Society, and published in the Medical Examiner, it would hardly be proper to republish any of the experiments here, although the temptation is a very strong one.

English Surgeons.—Dr. Gibson, Professor of Surgery, &c., in the University of Penn., in his introductory Lecture, November, 1839, observes —"Next to Sir Astley Cooper, the most prominent surgeon of London, perhaps, is Sir Benjamin Brodie, long one of the principal lecturers of the great Hunterian school of St. George's Hospital. Among the 400 inmates there, I last year saw many diseased joints. I asked him if he amputated as many as formerly; he said 'not a twentieth part: I manage by rest, position, splints, diet.' I was delighted by such candor. I had long condemned, in my lectures, the numerous operations recommended in his work, substituting the simple, efficient remedies which he had mentioned.

"What medical man, from any country, would visit London without seeing Wm. Lawrence, well known to the whole world for extent and variety of information, an anatomist and surgeon, a superior being! Amidst a crowd of admiring pupils, in the large, numerous wards of St. Bart.'s Hospital, I saw him closely question each patient's symptoms, prescribe very carefully, and take deep interest in each. There were several long-standing cancerous breasts (one of 11 years), for which most gentle palliatives only were employed. He had 'long known that many such breasts, if let alone, would not prove fatal for a long time; but, if they were extirpated, the disease would return speedily and with immense suffering.'

"At the North London Hospital, Mr. Liston, turning quickly to a dresser who had covered a wound with cerate, said, 'what benefit from that grease! pray take it away.'—A respectable lady, her husband and daughter, strongly desired and implored to have a cancerous breast removed. He examined very closely, and finding the glands of the arm-pit enlarged, said, 'let the breast alone, you may live for years; if I cut it out it will return in three months, and you will die.'"

Asylum for the Blind, Virginia.—Dr. J. C. M. Merrilat, principal, and Mr. William Graham, teacher of the blind in the Asylum, have both arrived at Staunton, Virg., and the institution is to go into immediate operation. No account has been received of an appointment of a physician to the Insane Asylum in that town, in the place of Dr. Stribling, who resigned some weeks ago. It is presumed that the trustees will find it somewhat difficult to make that gentleman's place good.

Medical Miscellany.—Dr. Howard, late a Professor in the Medical Department of the University of Maryland, has been appointed Professor of Medicine in the University of Virginia, and has accepted the appointment. —No. 1, of the 4th volume, of Dr. Bell's Select Medical Library and Eclectic Journal of Medicine has come to hand, and exhibits no diminution of interest in either department. This No. of the Library commences Holland's Medical Notes and Reflections.—A late No. of the Philadelphia Medical Examiner contains the report of a case of extra-uterine pregnancy, by Charles D. Meigs, M.D., with a lithographic engraving.—A black frost has finally appeared at Natchez, and with it returning health.—Dr. J. O'Conner Barclay, Assistant Surgeon of the Navy, is ordered to the Navy Yard, Charlestown, Mass.; and Dr. R. W. Jaffrey, Assistant Surgeon, is required to go on board the Schooner Wave.—Vol. II. of Dr. Gross's beautiful work on Pathological Anatomy is finishing. Marsh, Capen, Lyon & Webb, the publishers, may be addressed for single copies, which might be transmitted by gentlemen who happen to be visiting Boston on business.—Several engravings, illustrating the appearance and mode of applying Dr. Heber Chase's instruments, are on hand, to be used as soon as space can be had to introduce them.—Smallpox has appeared in several towns in the vicinity of Boston.—Dr. Butler, late of Worcester, has taken up his official residence at the South Boston Institutions.—Dr. Webster's Chemistry is now publishing. His curious experiments of late, and particularly the solidification of carbonic acid gas, at the Medical College, Mason street, have afforded peculiar gratification to audiences capable of appreciating their merit.—Dr. Henry Frost, of Westmoreland, Virginia, has had the honorary degree of Doctor in Medicine conferred upon him by the Berkshire Medical Institution.—The number of suicides which have been recently committed in England is exciting the serious attention of the public. In London they are thought to average one a day.—From a return made to the British Parliament by the coroners of England and Wales, for the last two years, it appears that in that time no fewer than 192 persons were *accidentally* poisoned, mostly through the carelessness or ignorance of apothecaries.—One hundred and eighty students were matriculated at the opening of the Medical Institute at Louisville, Ky.,—an excellent beginning.—The boring for an Artesian well in the plain of Grenelle has been carried to the depth of 483 metres, without arriving at a source of water. It has, however, been discovered that the temperature increases one degree for every 39 metres of depth, and it is hence probable, that when water does ascend it will be at the temperature of a warm bath.—Dr. Kopp, of Hanau, strongly recommends the following formula in scrofulous ophthalmia. R. Ext. conium, ʒi.; cinnamon water, ʒiv. Dissolve. To children from 2 to 3 years and upwards, four drops thrice a day, gradually increasing the dose by one drop.

Notices.—D. W. Seiders, of Waldboro', Me., is authorized to act as agent for the Boston Medical and Surgical Journal and the American Medical Almanac.

The attention of subscribers is again directed to the fact that their subscription money may be sent through the postmasters of their respective towns. The following is an extract of a letter from the Postmaster General to an Editor in Rhode Island.

"A Postmaster may inclose money in a letter to the publisher of a newspaper, to pay the subscription of a third person, and frank the letter, if written by himself.

Amos Kendall."

Subscribers in Massachusetts are also reminded that an opportunity to make remittances by their representatives, on their annual visit to Boston, will soon be afforded.

Whole number of deaths in Boston for the week ending Nov. 30, 38. Males, 20—females, 18.

Of consumption, 6—scarlet fever, 3—smallpox, 9—infantile, 3—apoplexy, 1—dropsy on the brain, 1—old age, 1—syphilis, 1—debility, 1—lung fever, 1—sudden, 1—bilious fever, 1—inflammation of the lungs, 1—casualty, 1—inflammation of the brain, 1—tumor, 1—fits, 1—child-bed, 1—stillborn, 4.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries. John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructers.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

Anatomy.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

Surgery.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

Chemistry.—Recitations and instructions by Dr. Storer.

Physiology and Pathology.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

Midwifery.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

Theory and Practice of Medicine, Clinical Instruction, and Materia Medica, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839. eplmeop6m

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with **Pure Vaccine Virus**, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREATMENT OF HERNIA.—E. W. Leach, M.D. Office No. 134 Hanover street, Boston.
Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

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THE LATE DR. BELDEN.

[Communicated for the Boston Medical and Surgical Journal.]

The loss which a community sustains in the death of an intelligent and beloved physician, is severe, and often irreparable—not so much that one of equal skill cannot be substituted, as that the confidence reposed in the *one* cannot immediately be transferred to the *other*. Such a physician is not only the medical adviser, but often, also, the friend and confidant of the sick; he sympathizes with them in their sufferings, enters into all their feelings, and is a comforter in all their trials. His presence and encouragement are often as beneficial as the medicine which he prescribes. When death removes him, they feel that their security is gone; that life is less valuable, because more uncertain and because one of the sources of enjoyment is removed; and that a severe trial awaits them in selecting another in whose knowledge and judgment they can place the same confidence, and on whose integrity and friendship they can as safely rely.

These reflections have been awakened by the wide-spread sorrow and lamentation occasioned by the death of that excellent man and estimable physician, Dr. Lemuel W. Belden, of Springfield, Mass., who recently fell a victim to the malignant typhous fever, which has prevailed somewhat extensively in that vicinity.

Dr. Belden was a native of Wethersfield, Conn., son of Dr. Joshua Belden, a respectable physician and most valuable man, who died of the epidemic spotted fever in June, 1808, in the midst of life and in the full vigor of usefulness. Lemuel Whittlesey Belden, M.D., the subject of this memoir, was born September, 1801, and was left an orphan, with three younger brothers, in the care of a discreet and sensible mother, at the early age of seven years. Every care was given to his early education which a mother could bestow and faithful and well qualified teachers could render, and at the age of sixteen he entered the Freshman class of Yale College, September, 1817.

During his minority, before and after he entered college, young Belden was a modest, reserved youth, fond of his books, which had greater attractions for him at this early age than the sports and amusements of his associates. The traits of character most prominent in his childhood, were *love of truth*, *sobriety* and *consistency of conduct*, and these were no less conspicuous in all his after life. His reputation in college was always good, both for diligence as a scholar and for exemplary and discreet deportment. If he did not acquire as rapidly as some others, he was always prepared for what was expected of him, always ready, and acquitted himself with honor. He was scrupulously regardful of all college duties, was never absent from prayers, and rarely, if ever, from recitations, during the whole of his college life. One of his most respectable classmates and constant friends, writes thus of him: "He was a diligent student; I think peculiarly so. It was evident that he never lost sight of the object for which he came there, and he attended to every study prescribed, with steady perseverance. I can look back now and see evidence of maturity and soundness of judgment in this respect, which was uncommon at that age. His college course did not present much of incident, as it partook of the stability and steady attention to the object for which he came, which was afterwards so prominent a trait of his character. The loss of his sound judgment and growing attainments to the medical profession, you can appreciate better than I can."

He received the honors of college at his graduation, and the part assigned him on this occasion shows the estimation with which he was regarded by the authorities of the University, placing him among the most distinguished scholars of his class. After obtaining his first degree, in September, 1821, he took charge of a respectable academy in New Canaan, in his native State, where he continued two years, a very acceptable teacher. In the autumn of 1823 he relinquished this employment, and commenced the study of medicine with Dr. Woodward, then of Wethersfield, his native town, now the superintendent of the State Lunatic Hospital, Worcester, Mass. As a student of medicine he was a close applicant and made rapid proficiency; he availed himself of every means of acquiring professional knowledge; he was not only a diligent scholar, but was careful to watch the progress of such cases of disease as he could witness in a circuit of extensive country practice.

His first course of medical lectures was attended in Boston, in the winter of 1825. The succeeding spring and summer he spent with his former preceptor, and devoted much time in visiting the sick, to ascertain the character and progress of disease. The following winter was spent in New Haven, attending the medical lectures in Yale College. In March, 1826, he received the degree of Doctor of Medicine. In both these institutions he obtained a high reputation as a scholar, and at his graduation he acquitted himself so well as to take the very first rank in his class.

Returning from college, he again entered the office of Dr. Woodward as assistant in his practice, where he continued more than a year, attending extensively to the sick, and teaching the preliminary branches of study to a class of medical students. During this long intercourse a warm friendship was formed between the preceptor and pupil, which continued till his death.

Dr. Belden pursued the study of his profession with the ardor of a scholar and the spirit of a philanthropist. He loved his profession because he considered it honorable and useful; he felt the responsibility that awaited him, and he was too conscientious to commence the practice of it without a thorough knowledge of its principles, and a faithful improvement of all his advantages for clinical knowledge and experience.

In the autumn of 1827 he took up his residence in Springfield, where he soon gained a respectable practice, and became the favorite physician of many of the best families in the town.

Dr. Belden had none of those shining qualities which commend themselves at first sight to the fancy of the many; he was not destined to be the popular man. He was peculiarly diffident and retiring; his manners were simple, but his deportment was dignified and reserved. He could obtain friends and business only by substantial merit. His success was not rapid, but permanent; those who once employed him rarely failed to adhere to him; the more extensive their acquaintance, the more they respected and loved him. To many he was the "beloved physician," rendered no less so by the amiable qualities of his heart, his upright and honorable deportment amongst men, than by his sagacity and tact as a physician. He made no bustle in his business, and no display in the community in which he resided; but now that he is dead, they will realize that a man is gone from amongst them, whose influence, though quiet and gentle as the evening zephyr, has been wide and salutary, diffusing intellectual light and moral beauty wherever it was felt and known; that a physician has departed from their midst, in whose skill there was safety, in whose integrity there was confidence, in whose character there was rectitude unwavering, and in whose countenance ever beamed benevolence and philanthropy.

Unlike many young men, Dr. Belden continued the habits of study through life, which he had early formed. In the intervals of his business he was rarely found absent from his "study." Here he applied himself closely to professional reading, literature, and general intelligence. He was a thorough scholar, the *last* as well as the first year of his professional life. The readers of your Journal cannot have forgotten his lucid history of the case of Jane C. Rider, well known as the "Springfield Somnambulist," which occupied two weekly numbers of your periodical, and detailed, with great accuracy and precision, the wonderful phenomena of that remarkable case. This, with a popular work, published somewhat previously, on the same subject, constitute all the writings from his pen which have been given to the public. There are many things, however, in manuscript, which show his diligence in recording facts, no less than his ardor in the pursuit of knowledge.

During the last year Dr. Belden had interested himself in effecting a change in the Medical Society of this State. At their annual meeting in the spring he presented his views to the Society in person, in so clear and perspicuous a manner as to induce those present to consider the subject seriously. A large and respectable committee was appointed to act upon it, of which Dr. Belden was a member. Their report is just published, which recommends such changes as to meet the views of all who have interested themselves in it, retaining many of the old, and adopting some of the new principles proposed by their author.

Dr. Belden was married in May, 1829, to Miss Catharine Chester, daughter of Stephen Chester, Esq., late Sheriff of the County of

Hartford, Conn.—an amiable and accomplished lady, who survives him to mourn the loss of one of the best of husbands and kindest and most indulgent of men. He left no children; having lost an only son in early childhood.

Few men are better situated to enjoy life than was Dr. Belden at the time of the attack of this fatal disease. His domestic relation was peculiarly felicitous; he was in the midst of an intelligent and enterprising population, who justly appreciated his medical attainments and moral worth. Beloved by his friends, respected by all who knew him, rising in reputation in his profession by the surest of all means, knowledge of his business and devotion to his patients, he had gained a character of sterling value in an extensive circle of practice. In the midst of this prosperity came the withering hand of disease and cut him off.

The fever which terminated his life was mild in its apparent character, but lurking mischief was undermining the "issues of life." He went through the regular stages of disease, and was supposed to be slowly convalescing by himself and his medical friends. Strength and appetite had returned; he was able to walk to his favorite "study," where was the field of his most interesting pursuits. But these favorable appearances were delusive; fatal disease was preying upon him; a sudden hemorrhage sunk him rapidly, no remedies arrested its progress, and he died in a few hours after the first apprehension of danger. His preparation for the fatal event, with a full knowledge of its approach, was as calm as if he had been preparing for a journey, or the reception of his friends. He made his will, gave directions about his property, resigned himself to the will of his Heavenly Father, and awaited the event in quiet submission. In this trying situation, with his friends weeping around him, he never lost his self-possession; his sedate and dignified deportment was the same in death as in life. He finished what was necessary for him to do, took leave of his friends, and expired. A friend who witnessed his calm departure, thus writes: "I have thought of you as one whom he loved and venerated; as one with whom he was so intimately associated during a portion of his life, that your opportunities of knowing him were greater than most of his friends possessed. I have longed to see you and to talk with you of the heavenly calm which marked the closing hours of his life, and the truly Christian preparation which was so distinctly manifested in his life and conversation. I have longed to hear from your own lips the tribute which I know you would pay to the worth of his intellect and heart. I am sure of your sympathy, for I know how you must have valued the friend we have lost."

Of the character of Dr. Belden we may justly say it had no shades, no dark spots which his friends would desire to conceal or remove, no eccentricity which gave it the slightest singularity. From his childhood he loved truth, simplicity and virtue, and these were his eminent qualities. His well-balanced mind led him to right views of every subject; he discriminated well, and judged correctly. His acute moral sense kept him in the strictest path of rectitude. A motive to do wrong never actuated him for a moment; his integrity was above suspicion.

His mind was more distinguished for solid than for brilliant traits; he had no dazzling qualities. He loved to investigate the truths of science and philosophy. His knowledge was of the substantial kind; he made no display of it, but it came to his aid when and where he needed it. As a physician he had few equals of his age. He was a ripe scholar in the principles of his profession, and he made the best use of his experience. His Index Rerum shows how careful he was to note facts and references, and what stores of medical knowledge he was amassing. He was useful no less as a scholar than as a physician, and he was preparing for still greater usefulness and distinction.

How desirable that such a man should live! And now that he is gone, how desirable it is to the living, as well as to the dead, that he was such a man. A long and intimate acquaintance with him left us ignorant of his faults; if his character had blemishes, they were invisible, surrounded and swallowed up as they were in estimable and amiable qualities. We love to contemplate the man, to look upon one so pure and blameless in life, fulfilling the relations of son, husband and father, brother and friend, in a manner so acceptable to all. His life was exemplary and well spent, his death a calm and dignified departure from scenes less congenial to his pure spirit, to the blessed fruition of a heavenly inheritance prepared by his Redeemer above.

His loss is great to us all; to his family and relatives irreparable; but hardly less deeply to be felt by that circle of friends whose physician he was, whose affections he had secured, and who on every return of affliction and suffering will lament, with renewed sorrow, his premature departure.

December, 1839.

THE NATURAL FOOD OF MAN.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Your correspondent, in No. 12 of Vol. XIX., attempts to show that man has no natural food, either of one kind or another. The argument drawn from his structure, he rejects, as having little bearing on the question. Those who know with what tenacity this argument was always seized and used as long as it was supposed to favor flesh eating —as long, I mean, as it was said, triumphantly, that the human teeth and intestines favored a mixed diet—may be a little surprised at this. Not so, however, when they know the cause. Not so when they know that it is at length conceded by scientific naturalists, no less than by anatomists, that the teeth and intestines are formed for masticating farinaceous vegetables and fruits.

But your correspondent, sure, perhaps, of the sympathies of those young physicians who do not read, and a few individuals of other professions or occupations whose reading is at best very superficial, braves it out, in spite of concession or argument, that man has no natural food. "Is man hungry?" he asks. "He calls upon nature, and she presents him with a stone. She furnishes nothing calculated to satisfy the cravings of appetite. Our food, in the state in which it first comes to our hands, is not suitable for nourishment. Our organs can find no nutriment in it. They reject it."

Will this writer set himself above Baron Cuvier, who has been styled the prince of naturalists? Will he be thought wiser than the wisest? I do not claim infallibility for Cuvier; but will *youth* set up a claim for that which is not claimed for age? But does not Cuvier acknowledge, expressly, that the structure of the human frame is that of an animal fitted to a pure vegetable diet? Admitting superior wisdom to youth, even, and to New England youth in particular, does not Dr. Bell, the distinguished though youthful Superintendent of the McLean Insane Hospital at Charlestown, Mass., make the same concession? But can we be said to have our system adapted to a particular sort of food, and yet have no natural food? Would not this involve a contradiction in terms?

Your correspondent says, that as our food first comes to our hands, our organs can find no nutriment in it. But is it so? Have savages so often, then, and in some instances so long, fed exclusively on raw flesh,—wild animals, fish, shell fish, &c.—and yet derived no nutriment from it? They have subsisted, it seems, some how or other; but pray how have they done so, if their organs can find no nutriment in food as it comes to their hands? According to universal testimony, "the ancients lived upon the fruits of trees, upon herbs, roots and seeds, and upon whatever else they could find in the *vegetable kingdom*, that might conduce to the support of life;" and "food of every kind was eaten without being cooked, because there was no fire."* Now the same universal testimony goes to show that these eaters of that in which, according to the very recent discovery of a young medical man in New England, the human organs "can find no nutriment," lived almost a thousand years. Did they live without nutriment? Or were they nourished by air only? The friends of dietetic reform have been ridiculed as desirous of bringing mankind to live on air, washed down with cold water; but it seems that the ancients went much farther, and subsisted, not for a short time merely, but for a thousand years or so, on air *without* water.

Have those persons among us, who have made the experiment of subsisting, for a long time, and to a very great extent, on eggs, milk, corn, wheat, apples, peas, peaches, strawberries, plums, &c., uncooked; have these persons been mistaken in the idea that they were deriving nutriment from them? Has all been imaginary, wholly so? Or will it be said that these are not purely natural food, for they are the results, in some cases, of domestication, and in the others of civilization? Admit the latter—deny, if you please, the validity of this latter part of the argument; still the former remains—men have lived in the first ages for hundreds of years on substances which it is said, now-a-days, contain no nutriment.

But your correspondent proceeds to set aside this argument—or, in his own very modest language, to order the naturalist "off the stand."

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* See Jahn's Archæology, Chap. ix. Sec. 136 and 137.—Observe, if you please, that the ancients drew their support, for the long period of almost a thousand years, from the *vegetable kingdom*; nothing being said of animals.

He is for resting the question, in regard to natural food, on careful observation and experiment. I am glad of it. But let us pursue his train of argument, if argument it may justly be regarded. "If animal food is injurious in its effects—the root of all evil, in the words of Dr. Alcott—the fact must be proved by watching its effects; and this not in one instance only, but in numerous cases, and in a variety of circumstances, and on a large scale." Precisely the ground I wish to have taken; though, by the way, I have never said that animal food is "*the* root of all evil." But to resume our quotations.

"One would think that animal food had been eaten long and extensively enough to enable us to know its operation on the health. If it is as destructive as some contend, how happens it that those portions of the human family that eat flesh, are, at this moment, farther removed from the point of extinction and degeneracy than any others on the globe? How happens it that the flesh-eating nations of Europe are so far from having *run out*, that they furnish better specimens of fully and perfectly developed men than any other of all the descendants of Adam?" And to conclude, he triumphantly observes, "Let Dr. A. answer these questions."

But to turn his own language against himself, "shall he be allowed to escape in this manner?" Let us substitute the words "spirit" and "spirit-drinking" for "animal food" and "flesh-eating," in the foregoing paragraph, and see how it will read—presuming, by the way, that the writer is a temperance man.

"One would think that spirits had been used long and extensively enough to enable us to know its operation on the health. If it is as destructive as some contend, how happens it that those portions of the human family which drink spirits are, at this moment, farther removed from the point of extinction and degeneracy than any others on the globe? How happens it that the spirit-drinking nations of Europe are so far from having *run out*, that they furnish better specimens of fully and perfectly developed men than any other of all the descendants of Adam?" Let him answer these questions. Shall he be allowed to escape in this manner?

But to be serious. Will it not be seen, most obviously, that a mode of reasoning which proves so much, proves nothing; and will it not therefore be abandoned? For it is not the utility of flesh-eating and spirit-drinking alone, which can be established in this way, but that also of tea and coffee and beer-drinking, tobacco-chewing, snuff-taking, &c.

But how, then, can we prove anything at all, in relation to the subject? it will, perhaps, be asked. To which I only reply, by returning to your correspondent's own ground—not that of observation and experience merely, but that of *careful* observation and experiment. Your correspondent, however, begs the very question in debate, when he assumes that those portions of the human family which eat flesh are at this moment farther removed from the point of extinction and degeneracy than any others on the globe. Is New Holland farther removed from extinction and degeneracy than China—the Patagonians than the South Sea Islanders—the Siberians than the Japanese, &c.?

Our comparisons should be not only on a fair, but liberal scale. It is not fair to compare the hardy *soldiers* of temperate climates with the enervated *citizens* of southern climes—the comparatively virtuous, too, with the exceedingly dissipated and licentious—the European race with the Hindoo. Let us compare Asiatic with Asiatic, African with African, soldier with soldier, laborer with laborer, the inhabitant of the equator with the inhabitant of the equator, &c. Let but a fair comparison be made, one which shall take into consideration all the circumstances, and I have no fear for the results.

Let us compare, I again say, Japan with China and other countries of Southern Asia; and not Britain with Asia. Let us compare South Sea Islander with South Sea Islander; New Hollander with Japanese; Europe with Europe, &c.

Let us take any nation of Europe—I care not if it is England itself. Who are the people, which the class of society, in England, that perform the bulk of the labor, and have done so from generation to generation? Who are they whose families remain the same, without much change from century to century? Assuredly not the high-fed. Not those who eat the most beef and indulge their several appetites the most. On the contrary, it is they who fare rather hard, or who, at least, suppose they fare hard. It is they who live on bread and potatoes, &c., and scarcely get meat at all; or, if at all, not more than once or at most twice a week. But this is more strikingly the fact in the rest of Europe. The peasants who feed on black bread, potatoes and turnips, with, perhaps, a little soup now and then, are the efficient population. They are the people who do the hard work, and whose families neither degenerate nor become extinct. They are the people who have built pyramids and roads and bridges, and fought the world's battles. So it is now; and so it has been, time immemorial.

Compare Japan with New Holland. One of these is about 40 degrees south of the equator; the other as far north of it. The millions of the nation of New Holland have always fed almost wholly on flesh and fish. And yet not a more meagre and wretched race can be found in all Asia; nor a race who seem so stupid and so little likely to derive benefit from civilization and Christianity. While the millions of Japanese in the interior, who for the most part feed on rice and fruit, abhorring all animal food, even milk, are the finest people, intellectually and physically, in all Asia.

But I must not dwell too long on this topic. The proof seems to me already sufficient. We may see from observation, on a large scale, what the natural food of man is. It cannot be flesh meat: it must be farinaceous vegetables and fruits.

By the natural food of man, however—and this should have been said before—I mean not the food which we prefer in a savage state; and herein it is, again, that I am continually misrepresented. I have nothing to do with the savage state—to desire to revert to it myself or drag my fellow creatures thither. Nor do I know what, in this sense, the natural food of man would be. I take man as he is—in a majority of cases, more or less civilized.

Now, then, by the natural food of man, taken as he is, as a race—not as certain fastidious individuals or fastidious ranks or classes may be—I mean that food which is best adapted to the character and condition of man externally, which promotes the most healthy action of all the internal organs, and enables them to fulfil, in the best possible manner, their varied and various functions. I call not that the natural food of man—however it may once have been—which hurries his circulation, disturbs his breathing, checks suddenly or promotes too rapidly the perspiration; or which dims or otherwise disturbs the eye-sight, or causes any other injury. Nothing is better proved than that farinaceous vegetables and fruits are least likely to do this; and that animal food, condiments, crude vegetables, &c., hardly fail to cause more or less disturbance of the kind, if not to induce positive ill health.

But I have dwelt too long, perhaps, on the natural food of man. In my next, which will, I trust, be much shorter, and which will be entitled "Temperance and Excess," I shall endeavor to notice, still farther, your correspondent's errors. W. A. Alcott.

Dedham, Nov., 1839.

CASES OF UTERINE POLYPI.

BY THO. CHADBOURNE, M.D., CONCORD, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

The history of the following cases would seem to justify the remark often made, that much suffering and protracted disease would be prevented, were we more thoroughly to investigate the nature and causes of our patients' sufferings, before attempting a remedy.

Miss B. R., aged 50, enjoyed good health from childhood till she was 14 years old, when she began to be troubled with obstinate leucorrhœa, and, as she expressed it, "a frequent return of great weakness with color." The catamenial returns were irregular and profuse, appearing at uncertain periods, attended with severe uterine pains, that were always followed with hæmorrhage, sometimes profuse and alarming. Notwithstanding the use of the most powerful astringent injections, and the whole routine of medicines for the "turn of life," there was no improvement. The return of hæmorrhage was more frequent and more profuse, seldom ceasing till faintness supervened, when the uterine pains and flowing subsided at the same time. In November of 1837 I first saw her, in consequence of an unusually severe attack of profuse flooding that followed the usual return of pain. The severity of the pain at this time almost equalled in intensity a violent parturient paroxysm. On examination I found the vagina occupied by a small tumor, not larger than a common-sized pear, the neck of which was firmly embraced by the os uteri, and any attempt to pass the finger around it excited stronger uterine contractions and increased flooding. The whole trouble was now manifest, and the cause of all this protracted suffering seemed easily remedied. The tumor was of a soft, placenta-like substance; the os uteri acting on its neck like a ligature, but not with sufficient firmness to stop the flow of blood into its substance. The attachment was high up in the uterus. Not having the proper canula with me, I contrived, by means of a straight catheter, to convey a ligature round it, and succeeded in removing it in a week. The operation was troublesome and protracted, on account of the imperfection of the instrument. All her complaints left her without further remedies, and she now (Nov. 1839) enjoys perfect health.

Case 2d. Mrs. S. enjoyed good health till the birth of her last child, in 1823. There was nothing unusual in her labor or "getting up." After weaning her child, her health gradually declined. There was "constant weakness, either with color or without," as she expressed it, attended with much pain. These discharges became profuse and offensive. Her flesh and strength gradually wasted, and she experienced all the sufferings usually attendant on the most severe uterine irritation. In March of the present year (1839), her family physician was called to relieve her of obstruction of urine. On attempting to use the catheter, he found a large tumor occupying the whole pelvis, compressing the urethra, and bearing some resemblance to a child's head in an advanced stage of labor. I did not see the patient till next day. Severe expulsive pains during the night had pressed the tumor hard against the perineum, rendering any attempt to include the whole tumor in a ligature difficult if not impossible. The os uteri could only be reached at one point behind the pubis. How the growth of such a tumor could have continued so many years, and have obtained this enormous size, and its presence be unsuspected, was very surprising. As much of the lower portion of the tumor as could be encircled by a ligature was removed, in about a week. This made room for a successful operation on the remainder. The double canula, armed with a strong ligature, was passed through the os uteri to the fundus. One tube of the instrument was then held stationary by an assistant, while the other was carried round to the other side, thus completely encircling the whole mass. The ligature was tightened daily, and her water drawn off with the catheter night and morning. The discharges for ten days, during its separation, were profuse and offensive. The left leg became affected with phlegmasia dolens, and afforded as perfect a specimen of that disease as is ever met with in puerperal confinement. So large was the tumor, that after the ligature came away, it could not be removed from the pelvis, only in portions, being torn away with the fingers. It is now nine months since the operation. The patient has resumed her usual domestic avocations. On examination, two weeks since, no vestige of the complaint remained. From the nature and appearance of the discharges several weeks after the operation, there is reason to suppose that large masses of diseased substance, not included in the tumor, sloughed off and came away.

Case 3d. Mrs. R., mother of several children, the youngest 10 years of age, never has enjoyed good health since her last confinement. She says that "something was by the side of the child's head that burst when she had a hard pain, and threw blood all over the doctor." After she ceased nursing, the catamenia appeared as usual, but was attended with "great weakness," was less regular in its periods, unnaturally painful, accompanied with discharges of coagula, and always followed "with an offensive weakness, without color," that did not leave her entirely till another monthly period. This is her own account of herself till October of 1837. The abdomen was now found to be unnaturally prominent, uterus occupying as much space as at the 5th month of pregnancy, but much harder and less elastic. The os uteri was distended to the size of a crown piece, and very tender. The gentlest examination produced a discharge of bloody fœtid matter. Nothing was prescribed but some trifling medicines to improve the general health, and injections to wash away the offensive discharge. I did not see the patient again till August, 1838. Her health had somewhat improved, although the morbid growth within the uterus had increased; the abdomen was more prominent, and a tumor began to protrude from the os uteri, yet the system had so far accommodated itself to this state of affairs that the patient was able to attend to her usual domestic avocations, except during the week of her "monthly turn," when from pain and profuse discharge she was confined to her bed. During the eight months next succeeding this examination she suffered much more from severe uterine irritation. She has accustomed herself to large doses of opium to allay the severity of bearing down pains, and was in the daily use of chloride of soda injections on account of the fœtor of the discharges. On examination of this patient, June 27, 1839, I found a soft tumor protruding from the uterus, apparently the size of a pint measure. Uterus itself hard and distended as a year ago. The gentlest touch of the tumor causes it to bleed. On account of the tenderness and excoriated state of the external parts, the application of a ligature was very painful. The tumor proved to be attached to the uterus by so broad a surface (extending down even to the os uteri), as to oppose a serious obstacle to a successful operation. No part of the tumor within the uterus could be included in the ligature. The portion within the vagina only was removed. The remaining portion was torn and lacerated as much as possible, to destroy its vitality. This was attended with no pain to the patient, and seemed to be followed by the desired effect, as putrid masses, in very fœtid discharges, came away during the next three weeks, and in September, nearly three months after the ligature came away, the os uteri is closed and appears natural. Although the uterus, probably, is not free from morbid growth, yet there is no pain nor leucorrhœa, and the patient enjoys a degree of health and comfort not before experienced for ten years.

Case 4th. Mrs. P. married at the age of 20. After the birth of her first child she was never free from leucorrhœa, with occasional discharges of blood, till a second pregnancy took place. During this state she suffered very much, far more than usual. After the birth of this second child the uterus never resumed its customary unimpregnated size, and she was constantly liable to severe bearing-down sensations, with offensive leucorrhœa, and sometimes bloody discharges. Symptoms of uterine irritation increased to a degree to confine her to her bed a considerable part of the time. Notwithstanding all these unfavorable circumstances, a third pregnancy took place, which, after much suffering, terminated in the birth of a healthy child. After three months lingering illness, from the same source as heretofore, during which she was unable to sit up but a small part of the time, a substance, she says, dropped from the vagina during severe pain, of the size and shape of a large pear, having a stem to it larger than a goose quill; since which she has enjoyed comparatively good health, all symptoms of uterine disease having left her. The above is the patient's own account of her case.

Concord, N. H., Dec. 4, 1839.

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BOSTON, DECEMBER 11, 1839.

SMALLPOX IN BOSTON.

At the last session of the Massachusetts Legislature, the law, which had been a considerable time in force, that made it imperative on the authorities of towns and cities to place those infected with smallpox, in places remote, with a view to the safety of those who were liable to contract the disease, was repealed, and such patients are now permitted to remain in their own dwellings, wholly regardless of others—the law contemplating the security by vaccination, which is within the reach of every person.

For more than twenty years past, whenever cases of smallpox occurred in this city, they were at once removed to Rainsford Island Hospital, at all seasons; but the community had for a long time manifested a displeasure at this act of forcing people from their comfortable dwellings, to be carried eight miles over the water, in storms, perhaps, interrupted by ice and snows, as frequently happened. Females and young children, who naturally felt the utmost reluctance to such a voyage, and who were known, occasionally, to have suffered intensely from sea-sickness, were as often the subjects of removal as the hardy seaman who was accustomed to the commotion of the surging ocean. The provisions at that hospital are by no means neglected, but are most ample and complete; they are in the best possible condition for seamen—those who have no home. By the laws of the United States, in the government of the marine hospitals on the Atlantic coast, no person laboring under an infectious or contagious malady can be admitted. Thus shut out from the only place which they are accustomed to consider a port in a storm, the support of which is a direct tax on the sailor's earnings, the quarantine regulations of all the seaports in this country have humanely kept the poor seaman's bed always in readiness for occupancy. It was to that establishment that smallpox patients have heretofore been conveyed. But when the statute law on this subject was changed—instead of being circumscribed, as before, cases began to multiply in Boston; and from the first of October to this period, a considerable number have been confined with it. In the month of November there were 15 deaths; and thus far in December, 10 deaths have occurred. Cases of variola have been quite numerous, and may now be considered pretty common.

In every city of the magnitude of this, there is necessarily a multitude of thriftless, broken-down, intemperate individuals, who, on any indisposition which disables them from pursuing their common routine of affairs, by which the bare necessaries of life are procured, must become a public charge. Many such have been the first victims of the present epidemic smallpox. There are the virtuous, industrious poor, too, whose claims for assistance and sympathy are always strong and resistless. Many such, too, have been afflicted; and poverty has been greatly aggravated, in numerous instances, by the inroads of this loathsome distemper, where no precautions had ever been taken to keep it at bay by vaccination. Finally, when the excitement became such that the city government found that it devolved upon the corporation to procure a suitable receptacle for these victims, and it was impossible to obtain the location that was thought most desirable, on account of the exorbitant demand which was made for the use of a building for a pest house, George Parkman, M.D., well known to the profession, offered, most generously, rent free, an admirable place. A smallpox hospital has therefore been organized on the water's edge, through the benevolence of a citizen. When wealth, like his, falls to the keeping of such a man, he may with strict propriety be denominated a public benefactor. The Board of Aldermen appropriated one thousand dollars for the purchase of furniture and such conveniences as might be requisite. To this hospital, in future or for the present winter, all those who ask assistance will be conveyed.

We are continually hearing that very exaggerated accounts of the ravages of smallpox in Boston, are propagated in the country, to the injury of the business of the city. It is said that those who would be glad to be here, are deterred by the horrible recitals that reach them from day to day. That the smallpox is here, cannot be denied—but with a suitable regard to vaccination, and the measures which are now in train by the City Government, the disease will soon be under perfect control, and all occasion for alarm, we apprehend, will entirely subside.

The American Medical Almanac.—Messrs. Marsh, Capen, Lyon & Webb, the publishers, have issued a large and beautifully-printed edition of the Medical Almanac, for 1840, prepared by the editor of this Journal, who has had the assistance of those who were able to furnish such statistical and other important matter, as will greatly enhance its value. Its size has been enlarged, and it now consists of one hundred and fifty-two pages, compactly printed in a small, but clear and distinct type. It is the most perfect medical directory of the United States and the British Provinces that has ever been given to the public; and if sufficient encouragement is given from year to year, it will ultimately become an important book of reference, and a historical record of the profession in all North America.

By consulting an advertisement in this day's Journal, the reader will learn the cost of the volume, and that at a trifling expense he can order it through the mail immediately. Those who may prefer to carry the Almanac in their pockets, as a remembrancer, note book, &c., will doubtless prefer copies bound in the pocket-book form. Copies are already on the way to editors of medical periodicals with whom we exchange—and by the first safe and ready conveyance, they will also be sent to those who have contributed to the pages of the book. The package for Philadelphia, we fear, may possibly have been lost.

Dr. Shattuck's Translation of M. Louis.—The profession of the South should certainly be in possession of this very useful book. The name of the author is a guarantee that it is no common-place affair. This circumstance alone, therefore, should influence those who have any desire to know that great physician's opinion of the yellow fever. With all the medical wisdom of the age—which we are sorry to say is more distinguished for its theories than its monuments of facts—the yellow fever sweeps off its thousands year after year, and no remedy is brought to light. Prejudice against foreigners should be wholly laid aside. If anything valuable can be gleaned from any source, let us have the full benefit of its suggestions. It is acknowledged, by very competent judges, that Dr. Shattuck has made an admirable translation.

Crania Americana.—From the Phrenological Journal, intelligence has reached us that Dr. S. G. Morton's great national work, which has been in progress a considerable time, is finally published. From the specimens which were presented to us some months ago, we are satisfied that there is beauty and accuracy in the execution of the plates, and a profound knowledge of the subject manifested in the text. Gentlemen visiting Boston, who have any curiosity to examine the character and general plan of this truly desirable book, are invited to call. It will interest the anatomist, the archæologist, the painter, and all grades of modern philosophers. The author has a claim upon the literary and scientific public, on the score of industry, separately from all other considerations, many of which are of a high character. His last production, before this, was received with decided marks of approbation, far and wide. A more extended reputation will doubtless grow out of the circulation of the Crania Americana, because it is precisely the thing which intense curiosity will prompt every one to see, of all ages and sexes. When Mr. Fuller was last in Boston, soliciting subscriptions, we fear that he did not have that encouragement which the intrinsic value of Dr. Morton's achievement naturally led him to expect in such a community as this.

Medical Miscellany.—Professor Miller, of Washington city, has been successful in the removal of a large fibro-cartilaginous tumor from the neck of a colored man aged 64. The weight of the tumor, after extirpation, was 7½ lbs.; the circumference of its base, 25 inches; its greatest diameter, 9 inches—its least, 7.—Much diversity of opinion exists among physicians at the South, respecting the use of large doses of quinine in yellow fever. A writer in the Medical Examiner, who advocates this practice, says that in malignant intermittents he has repeatedly known from 20 to 60 grains given with the happiest effect. We have seen a letter from a medical gentleman residing in Mississippi, in which he attributes much of the fatality of the yellow fever in Natchez to the free use of this article.—The following American works are favorably noticed in the last No. of the British and Foreign Medical Review, viz.—Dr. Jackson's Report on Typhoid Fever, Dr. Lee's Human Physiology, Dr. Dunglison's American Medical Library and new Dictionary, and the New York Journal of Medicine.—We perceive that Part VI. of Dr. Copland's Dictionary is just published in London, containing "Inflammation," "Insanity," &c. It will take twenty years from the time of its commencement to complete this work, unless more expedition is used than has thus far been shown—

and who will then finish the American edition, which was paid for in advance by subscribers five or six years ago, is more than we can tell.—Sickness continues at Tampa Bay, Florida, that grave of a multitude of northern men the past season.—The city of Augusta, Geo., lost 240 individuals by the yellow fever, while it remained there. All the cases were near 2000.—Another $1000 has been appropriated by the Mayor and Aldermen for the Insane Hospital at South Boston.

To Correspondents.—Dr. Ingalls's explanatory note ; a traveller's letter from Kentucky, with observations on the two medical schools of that State ; together with Dr. Hill's singular case of congenital malformation, accompanied by a drawing, and A. B.'s remarks on Dr. Durkee's essay on scrofula, are in progress.

Married,—In Washington city, Frederick B. Cuiver, M.D., of Oldham Co., Ky., to Miss Adelia Kendall, daughter of the Postmaster General.—In Malden, Ephraim Buck, Jr., M.D., of this city, to Miss Jane G. Oakes.—In Roxbury, Charles M. Weeks, M.D., of Greenland, N. H., to Miss Elvina Porter.—In Georgetown, Ky., William J. Barbee, M.D., of Illinois, to Miss Emeline Barbee, of the former place.

Died,—In Hartford, Ct., Dr. Leonard Bacon, 73.

Whole number of deaths in Boston for the week ending Dec. 7, 32. Males, 15—females, 17.
Of consumption, 2—epilepsy, 1—diarrhœa, 1—inflammation of the lungs, 1—smallpox, 4—inflammation of the brain, 1—fever, 1—lung fever, 3—intemperance, 1—burn, 1—spasms, 1—apoplexy, 1—laryngeal consumption, 1—typhus, 2—old age, 1—convulsions, 2—dropsy on the brain, 2—infantile, 1—quinsy, 1—fits, 1—slow fever, 1—stillborn, 4.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1839. Novemb.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
	Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.			H'st	L'st	
1 Frid.	40	41	41	29.24	29.26	29.30	N	Fair	00*		Flying clouds.
2 Satur.	31	41	41	29.38	29.40	29.41	N	Fair			
3 Sun.	35	43	41	29.46	29.48	29.49	N W	Cloudy			
4 Mon.	31	40	38	29.50	29.49	29.49	N W	Fair			
5 Tues.	24	44	42	29.45	29.38	29.35	S E	Fair			High wind and rain in the night.
6 Wed.	42	52	48	28.96	28.88	28.83	S W	Fair			Aurora borealis.
7 Thur.	34	47	41	28.83	28.85	28.93	S W	Fair			High wind.
8 Frid.	36	43	40	29.03	29.08	29.10	W	Fair			High wind, flying clouds, aurora borealis.
9 Satur.	32	40	37	29.29	29.30	29.32	N W	Fair			
10 Sun	30	35	36	29.40	29.43	29.46	N W	Fair			Snow squalls.
11 Mon.	27	43	58	29.54	29.56	29.58	N W	Fair			Aurora borealis.
12 Tues.	25	46	35	29.60	29.59	29.58	N E	Fair			
13 Wed.	34	45	43	29.54	29.52	29.50	S W	Fair			Halo around the moon.
14 Thur.	38	46	45	29.50	29.45	29.36	N E	Rain			Foggy morning.
15 Frid.	54	59	58	29.24	29.23	29.20	S W	Fair			High wind in the night.
16 Satur.	41	47	44	29.52	29.56	29.58	N W	Fair			
17 Sun.	34	47	45	29.67	29.60	29.50	S W	Fair			Moderate rain in the evening.
18 Mon.	38	42	40	29.30	29.15	29.15	N W	Fair			Halo around the moon.
19 Tues.	37	42	38	28.88	28.89	28.89	N W	Fair			Squally.
20 Wed.	28	34	32	29.00	29.05	29.12	N W	Fair			Snow squall in the night.
21 Thur.	21	26	24	29.33	29.44	29.52	N W	Fair			
22 Frid.	20	29	25	29.87	29.98	30.01	N W	Fair			
23 Satur.	17	36	36	30.09	30.04	30.03	N	Fair			Very pleasant day.—Brilliant aur.
24 Sun.	31	38	40	29.90	29.82	29.71	S E	Rain			Warm rain. Stormy night.
25 Mon.	56	50	44	29.33	29.18	29.19	S W	Rain			High wind, great rain—warmer.
26 Tues.	15	22	22	29.50	29.57	29.60	N W	Fair			
27 Wed.	23	32	31	29.75	29.70	29.65	S W	Fair			Splendid sunset.
28 Thur.	28	43	42	29.70	29.71	29.70	S W	Fair			Very pleas. day for Thanksgiving.
29 Frid.	25	43	40	29.70	29.68	29.67	S W	Fair			Pleasent.
30 Satur.	30	47	44	29.65	29.64	29.63	S W	Fair			Pleasant.

The month of November has been very pleasant ; the number of fair days is unusual for the season. Little rain has fallen, and the temperature has been mild and agreeable most of the time. The range of the thermometer has been from 15 to 59 ; of the barometer, from 28.88 to 30.09.

* Our Register Thermometer got injured and obliged us to omit the table of extreme heat and cold.

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents. Dec. 11.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructers.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

Anatomy.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

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Theory and Practice of Medicine, Clinical Instruction, and Materia Medica, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839. ep1meop6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, December 18, 1839. No. 19.

CRITICAL OBSERVATIONS ON DR. DURKEE'S "REMARKS ON SCROFULA."

[Communicated for the Boston Medical and Surgical Journal.]

Why should not a medical writer be reviewed, as well as a literary writer? Pathology and therapeutics are certainly important studies, and even a superficial observer sees that right views concerning them are of immense value as respects their bearing on society. It has been well said, by a distinguished writer of the present day, that "the medical writers of our age are quite superior to the writers of any other profession. They are more learned, more faithful, and altogether better writers." Now if our medical writers possess all this superiority, and I, for one, am willing to accord it to them, it is important that they retain it. To secure this desirable result, will it not be well that medical writers have an eye to the productions of their fellows, after the manner of writers in the literary world? And will not praise and blame, judiciously administered, have a salutary effect? It may be said that therapeutic, rather than prophylactic, means should be used by the physician. But it is surely better to prevent the evils which might be caused by injudicious theses, than to undertake to cure them when they are caused.

I have fallen into this train of reflections by reading "Remarks on Scrofula" in the Journal, from the pen of Dr. Durkee, of Lynn, Mass. Much labor is bestowed in delineating the characteristics of the disease and the theriacal means on which we are to rely for a cure. This is in many respects an able paper, and yet the learned doctor must not take it amiss if, after awarding him a due measure of praise, I rap him over the knuckles for a part of his communication.

I am free to acknowledge that, as a medical man and as a writer, Dr. D. has great merit. There is a neatness and purity in his style that delight the reader. We feel that though he labors in the rugged field of therapeutics, he is not a stranger to the music of fountains or the fragrance of flowers. *But* the article is learned enough, in all conscience. Medical writers seem sometimes to need the advice once given by a tutor in college to one of his pupils, who labored for language to make himself *mis*understood. "I advise you," said the tutor, "to study the *English language*." Being a mere tyro in medical knowledge, compared with Dr. D., I beg leave to propose a few questions which were suggested to my mind by reading his "Remarks."

In the first place, is not pathological science deemed more mysterious than it really is? And is not the doctor rather too willing to stay in the land of shadows—in other words, to consider himself in the *terra incognita* of pathological science? Truth is simple; and though it may be said, with much justice and beauty, of scrofula, that "its insidious blight is everywhere seen, although it especially delights to revel in the arms of beauty and to luxuriate with indiscriminate wantonness amid the fairest and loveliest of our race," yet is there really an elective power in the disease, or will morbific causes produce the disorder, whether the patient be beautiful or ugly? This seems to be the plain, unpoetical view of the case. In giving the characteristics of scrofula, the doctor has shown himself an accurate and careful observer. I recently attended a post-mortem examination of an infant who had died of scrofula. The mesenteric glands were a mass of tubercles. The appetite had been voracious—the stomach had been distended till it was nearly transparent. The body was almost entirely bloodless. The brain, lungs and pancreas were studded with tubercles. Much of the brain was in a state of *ramollissement*. This was a case of hereditary scrofula, evidently from the father, showing conclusively that a subtle virus may be communicated, causing this disease, as well as syphilis. Still, unless the system is deeply infected with the virus, have we not reason to believe that proper management with respect to diet and regimen may eradicate the taint. I know a practitioner runs the risk, in these days, of being *dubbed* a Grahamite, if he recommends the antiphlogistic regimen in any case, or if he dare dissent from the long received opinion that "animal food is more nutritive and stimulating than vegetable; that is, that the same quantity of the former will make more and richer blood, and will satisfy the demands of the digestive organs for a longer period, than the latter." Now I, for one, will not surrender the right of private judgment, through fear that I shall be ranked with this or that class of real or supposed fanatics.

We have these statements respecting animal food, and we are to receive them on the *ipse dixit* of Dr. Durkee! It is not incumbent upon me to prove a negative. I shall not attempt it. But I should be obliged to this able writer if he would bring forth his *strong reasons* in support of his positions. It is conceded by all, that meagre diet of any kind has a tendency to produce scrofula. It has been my lot to mark the effects of a well-regulated vegetable diet in a number of cases of scrofula —cases of long standing and of a marked bad character. My experience in these cases has *not* demonstrated that a mixed diet was best. I am not about to say there are no cases of a character to demand animal food. But in every case that has come under my observation, of hereditary or induced scrofula, where a well-regulated vegetable aliment has been used, it has been with advantage. In several instances a decided improvement and ultimate cure was obtained by abstaining even from milk. Dr. D. bestows unqualified commendation upon milk. His remarks would be just, if he would make suitable qualifications. He speaks of diminished strength as a consequence of a strictly vegetable diet. I have seen some of the finest specimens of athleta who lived upon an exclusively vegetable diet—not even partaking of milk; and I think I should not be haunted with fears of diminished strength, if I could make up my mind to abstain from animal food.

The remarks of Dr. D. with respect to hygienic discipline—bathing, pure air, exercise, proper clothing, attention to diet, are worthy of all praise. Such views, from medical men, will do more to prevent scrofula than all our specifics will to cure it. Ought we not to be impressed with the belief that prophylactic means are worth infinitely more than therapeutic? When mothers become enlightened on the subject of physical education—when pure air, exercise, the use of the bath and a proper attention to the diet of children—shall become as common as the neglect of these several particulars now is, may we not hope to see scrofula decrease as rapidly as it has increased for a few years past? Would it not be profitable to inquire how far the compression which is exerting its influence on the nervous tissues, the circulatory system, and directly on the spinal column, has an effect to derange the normal functions of the system and to produce scrofula? The closing remarks of Dr. D. should be stereotyped on the soul of every practitioner. Whatever errors may be found in his essay, it is unquestionably a production of a high order.

A. B.

Dec., 1839.

TRANSYLVANIA AND LOUISVILLE MEDICAL SCHOOLS.

[Communicated for the Boston Medical and Surgical Journal.]

Perhaps I can afford some intelligence for your Journal respecting the western medical schools.

Ten days since the Louisville Institute had 180 pupils. The acquisition of Dr. Drake, it is generally thought, has swelled the number. He is quite popular at present, both with the class and the citizens of Louisville; but I am afraid, from all I can learn, that he is looked upon by some of the faculty with a jealous eye. I hope this may turn out nothing but rumor, and that the doctor will profit by the experience of the past and live in brotherly love with his associates.

You are aware that I am an admirer of Dr. Drake. I was his private pupil for two years, and I profess to have some knowledge of his character, both as a medical man and a private individual. And to speak with candor, I am disposed to acquit him entirely of all the malice and wickedness with which he has been accused. I can account, satisfactorily, I think, for the many disturbances which he has created. He is naturally restless and ambitious, watchful of his reputation, and eager to stand at the head of the lists. He is one of the pioneers of western medicine—one of the first who engaged in medical education west of the mountains. With these facts in view, must it not be acknowledged that his opinions of "men and manners" should be entitled to the highest respect? Should he not be regarded with reverence? And when his advice upon any measure connected with the weal of the profession is given, ought it not to be listened to with serious attention? To all of these queries I know every rational and unprejudiced mind will give an affirmative answer. But how has he been regarded? With universal respect? No; with *jealousy, envy* and *hatred*. His zeal in the cause of medical science has led him to the projection of many noble schemes, which have, perhaps, often been opposed by his medical brethren, and the various means which, from time to time, he has used for the advancement of learning, and the attainment of his objects, have not always been such as to please the public. Here, you may see, there are two ways in which his innocence can be made evident. His course, in general, may be correct, and the public in the wrong; or his course may be wrong or defective (his mind, at the same time, convinced of rectitude of intention), and the public, or a specified body of men, instead of administering mild rebuke, rise up in open indignation, and endeavor by all means to trample him under foot.

To return to the Louisville school. If the faculty will "be sure they are right," they will "go ahead;" but if they disagree among themselves, they will be apt to blow up with a tremendous explosion.

The Medical College of Ohio has a class of about 120, and her friends are very sanguine in the belief that she will prosper.

The Transylvania school has a class of 240. The new medical hall is not yet completed, but will be finished the ensuing spring or summer. The additions made to the library, apparatus, &c., by the importations of Professors Peter and Bush, are such as to enhance the value of instruction, and I have no question of the school's prosperity. B.

PHRENOLOGY—EXPLANATORY NOTE.

To the Editor of the Boston Medical and Surgical Journal.

My Dear Doctor,—From what I have said in the second paragraph of my lecture on phrenology not opposed to the principles of religion nor the doctrines of christianity—"that by a free inter-communication of belief—whenever a fit opportunity presents—the cause of true religion is ultimately advanced;" but more especially from our long acquaintance, and the mutually good understanding that has always existed between us, I am confident you will consider the following remarks on your denunciation of the sixteen last lines of my lecture alluded to above, are dictated by no unfriendly spirit. They would have been more definite did I understand precisely the import of your remark.

In the early part of my life I was instructed in the principles of orthodoxy, taught the shorter catechism of the Westminster Confession of Faith, and sat under the preaching of a Calvinistic preacher; and, therefore, without arrogance, may claim to possess some knowledge of the tenets of Calvin. This religious sect esteems the Messiah to have two natures—the divine and human;—this distinction they consider to be essential in the explanation of the grand scheme of salvation; and, therefore, frequently make it the theme of their discourses. They also believe the Messiah to be the second Adam, and that by the fall of the first Adam all died; but by the death of the second all were made alive.

Hence the deduction is conclusive, that, as in the state of innocence Adam was made but a little lower than the angels, and, of course, possessed intellectual faculties of the highest grade, it is not too great an assumption to suppose, that, in his human nature, "the powers of the mind of the Messiah" were equal to the former. At any rate, any comment—consistent with the character of a perfect man—is not inadmissible, but may be justified by the practice of divines in their discourses, whenever the eucharist is consecrated—as on such occasions the whole tenor of their discourses represents him as having the *infirmities,* and subject to the sufferings natural to humanity. It was my design, in the whole passage alluded to above, to speak of him in his human character. I must, however, confess I spoke of his person in conformity to the generally received opinion. This, perhaps, is an error, as in Isaiah, chap. liii., verse 2, and in corresponding passages in the Old and New Testament, he is described as having "no comeliness; and whenever we shall see him, there is no beauty that we should desire to see him."

The foundation of my religion, as well as the religion of the Calvinists, is, that there is "but one only, the living and true God."

You kindly remind and caution me, that I am treading on subterranean fire. What though the eruptive column of the volcano rises to the skies; the flood of error it sheds may for a time dazzle and bewilder the multitude. What though I am overwhelmed in the lava, or buried in the ashes, or stifled in the smoke! The period must arrive when it must be utterly extinguished; while the sun of truth will rise higher and higher, and spread its rays wider and wider, until all the nations of the earth shall feel its enlightening influence, look up and adore it.

That you may not misapprehend the object of the closing paragraph of my lecture, I feel bound to give you the above explanation.

Boston, Dec. 7, 1839. Yours, truly,

William Ingalls.

PROFESSIONAL SLANDER.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I attended, a short time since, a lecture before our Lyceum, by a Rev. gentleman (Mr. Harris, of Lynn), an expression or two in which, I think worthy of notice. The subject of the lecture was, "The house we live in."

After some sensible remarks upon the laws of the human constitution, their fixedness, the certainty of the penalty following their violation; and upon diet, clothing, and regimen in general, such as may be found in almost any of the popular treatises on physiology, &c., he came out with his whole artillery against the medical profession; and if he did not utterly annihilate it, it was not for want of a will and an effort. He warned his audience, with an earnestness and an eloquence that would be well worthy of one standing "between the living and the dead," "to avoid the doctors and their medicines," assuring them that there was "not one case in twenty in which they did not do more hurt than good"—that, "though *some* of them were honest men, such was their knowledge of diseases, derived, as it was, almost entirely from foreign books, they were altogether unqualified to treat those of this country and climate, and consequently *must* do more injury than good," &c. Now all this I should not deem worth noticing, as, probably, the gentleman knew no better, and ignorance is to be winked at; but as a proof of his assertions, he stated that in a recent interview with one of the first physicians of the medical faculty (a resident of Boston, I think, whose name, however, he was not at liberty to give, as the conversation was confidential), he "inquired of him what he thought of the profession, and what proportion of them he had any confidence in, and would be willing to entrust a sick friend of his with; and the reply was, "*not more than one in ten.*" He then triumphantly inquired of his audience, "what, then, must be thought of the character and practice of a faculty, one of the best of whose members should make such a statement, such an admission as this?"

That such an expression might have been made, perhaps it does not become me to question; but what could have occasioned it? Was it because the medical gentleman had no confidence in himself, and consequently had none in his brethren? certainly not, if he was "one of the first in the profession." Was it in order, as is sometimes the case, to build up his own reputation, and secure his own emolument at the expense of that of others? by no means, and for the same reason as above. Was it because he really had no more confidence in his brethren, and did indeed consider them thus unqualified for the duties of their profession? I cannot suppose it; for were he possessed of a particle of honesty, rather than number himself with such a *posse* of ignoramuses and charlatans, not to use harsher terms, he would turn scavenger at once. Or was it simply to *hoax* the inquisitive gentleman? This, doubtless, was the case. But can he be justified in making such a statement, even for such a purpose? I think not; and probably it would not have been made had he been aware that he was furnishing a text for a sermon calculated to do much injury—not to the pecuniary interest of the profession, for so long as people are sick they will call for the doctor, and none are more ready to do it than those who declaim the loudest against them, of which fact, the lecturer himself, from his own remarks, is a good proof—but by weakening that confidence in well-educated physicians to which they are entitled, and which it is absolutely essential they should receive from their patients in order to their successful treatment of many diseases.

Leaving each one, whom it may concern, to make his own comments, I would ask, is it not very desirable for the weal of the community, as well as for the honor of the profession, that there should be less frequent cause to complain of such heedlessness of expressions, to say the least, in our medical brethren? Yours, truly,

Annisquam, Mass., Dec. 7, 1839. A. D. BACON.

TREATMENT OF STINGS, POISONOUS BITES, &c.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I feel under much obligation to Dr. Mettauer, for the communication of his experience of the efficacy of ice, as a remedy for the stings of poisonous insects. There can be but little doubt that it might prove equally efficacious, could it be instantly applied, in case of the bite of venomous serpents, and, perhaps, of rabid animals. The misfortune is, however, that in a vast majority of cases, in ordinary country practice, no ice is at hand. In this situation, the best application, which I have been in the habit of making, is laudanum. In common stings of wasps, bees or hornets, the part affected should be kept wet with laudanum, and pretty smart friction be applied at the same time. In this way all pain is usually removed in ten or fifteen minutes, and little or no distention follows.

In violent cases, where the whole system is affected, opium, taken internally, probably affords the surest and speediest relief. In the bites of venomous reptiles, it seems to approach nearer to a specific than any other article. About fifteen years ago, Judge Tappan, of Stubenville, Ohio, when on a visit to New England, informed me that, some time previous, his hired man came home in the greatest agony and distress, from the bite of a rattlesnake. It was an hour or two before a physician could be obtained; and as the case was so urgent as to threaten the sudden extinction of life, the judge undertook to prescribe himself. He gave the man, if I rightly recollect, a teaspoonful of laudanum, and repeated the dose two or three times, within, perhaps, an hour. The result was, that all the threatening symptoms soon yielded, and the patient was apparently out of all danger before the physician arrived.

From the best of testimony, there can be but little doubt that alcohol, both externally and internally, is nearly or quite as efficacious a remedy, in cases of stings and bites, as opium. It is said that a drunken Indian has been frequently known to allow himself to be bitten by a rattlesnake, with impunity.

It is very obvious, however, that the injury and danger arising from stings and bites, must vary very much, from the part where they are inserted. It is very possible, therefore, that in some cases, where a nerve, tendon or bloodvesssl is hit, extreme danger, or even death, may occur before any remedy can be employed.

It has long appeared to me—and I think my own experience justifies the idea—that we avail ourselves much less of the external application of opium and other narcotic articles, than might be proper. They are often of great service in topical pain of almost every description; and when aided by warmth and friction, or confined by plaster, they are among our surest palliatives.

In cases of vegetable and mineral poisons, it is apprehended that the medical world have often been led astray, and put upon an entirely wrong course, by endeavoring to combat them with specifics. Such poisons produce diseases, which are to be treated on general principles. If they can be speedily evacuated from the stomach, before much injury is done, little more is necessary. But when they are entirely out of the reach of emetics, cathartics, or the stomach pump, the symptoms are to be met and palliated, just as they ought to be treated in other complaints; and in proportion to their severity, they yield to the same management. In many, perhaps in most cases, the danger seems to arise more from the shock given to the nervous system, than from any chemical or mechanical injury. Arsenic probably operates in both ways; but I am apt to believe, that in poisoning by this article, death ensues from its effect upon the nerves, rather than the inflammation which it excites. I would treat the disease exactly as I would the same symptoms in the alimentary canal, and in the system at large, when they proceed from any other cause, where the peccant matter is out of reach.

Before concluding, I have a suggestion to make as respects Dr. Mettauer's application of ice. Where this article cannot be obtained, could not the same effect be produced by artificial cold, by dropping ether on the part, and letting it evaporate? When the sting is near the eye, the evaporation might be from a rag moistened with ether. It is a happy circumstance that there are several good remedies for the same symptom; and in case of stings, alcohol, ammonia, opium and ice, one or other of them, is generally nigh at hand. A speedy application is of the greatest importance. Since my recollection, I have known of two intances of death from the sting of a bee, within a dozen miles of my residence. It is probable, in both these cases, a draught of alcohol, properly diluted, or a teaspoonful of laudanum, timely administered, might have prevented the fatal event. SENEX.

CHILBLAINS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As the season in which this troublesome and painful disease prevails has arrived, a few observations upon it with a remedy attached may not, perhaps, be thought amiss by yourself or your readers.

For an accurate description of the malady and for its causes, I would refer the reader to Samuel Cooper's "First Lines of the Practice of Surgery," Vol. I., page 109. The remedies he there names, too, I should conclude are all good—but *one* of them, in particular, I have never known to fail of curing in a very short time, in whatever state the disease may be—whether that of inflammation, suppuration or gangrene. I refer to the linimentum ammoniæ. It is prepared by mixing half a fluid ounce of water of ammonia with two fluid ounces of olive oil.* Let this be frequently applied to the affected part.

I have already said that I have never known this remedy to fail. I have seen persons cured with one ounce of this mixture, who had had the complaint to a very painful degree every winter for many years.

Respectfully yours,

Unionville, Mass., Dec. 8, 1839. E. G. WHEELER.

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* United States Pharmacopœia.

EXPERIMENTS WITH SMALLPOX.

On the first of February, 1839, Mr. Ceeley inoculated with smallpox matter *(variola discreta)*, of the seventh or eighth day, three young heifers; a fourth was at the same time vaccinated.

Mr. Ceeley made seven punctures, and introduced fourteen points near the left *labium pudendi*, and on the same day inserted two setons with matter from the same subject. On the ninth day after this process, he vaccinated the same animal on the right *labium pudendi*, with fifth, sixth and seventh day's lymph from a child, in seven punctures, with fourteen points; and below the pudendum in four punctures, with eight points. On the tenth day after the insertion of the variolous matter, one of the punctures near the posterior margin of the left labium pudendi had assumed the form of the natural vaccine vesicle. By gently removing the central irregular crust, and carefully puncturing the cuticle, he was able, in the course of an hour, to charge thirty-eight points with lymph, and on the same and subsequent days to use part of it on children and adults. On the thirteenth day the smallpox vesicle was more inflamed and florid; this was the fifth day after the insertion of vaccine lymph, at which time all the eleven punctures were converted into effectual vesicles; from these he took fine, clear lymph, and used it on children and adults. Both the variolous and vaccine vesicles subsequently ran nearly a parallel course; so that on the twenty-sixth day of the former, and the seventeenth day of the latter, the scars of both appeared perfectly similar.

To obviate objections which might arise from the insertion of the vaccine lymph on the ninth day after the inoculation with the variolous matter, Mr. Ceeley re-inoculated a sturk on the 15th of February with smallpox matter, of the seventh or eighth day, on the labium pudendi. He made eight punctures, which were deluged with the variolous fluid from the capillary tubes. On the fifth day the four upper punctures were enlarged and elevated; the other four were less so. On the sixth day all presented the appearance of the vaccine vesicle. From one of them he took lymph with difficulty, and scantily charged thirty-nine points. On the eighth day he again took lymph from the vesicle opened on the sixth. On the ninth day the vesicles were enlarging, and he again opened carefully the first vesicle and charged twenty points. On the tenth day the four lower vesicles were increasing, and from them he charged twenty-seven points. After this time the brown crusts appeared, and the disease gradually declined. This animal was subsequently inoculated, both with variolous and vaccine matter, but no result followed.—*Report of the Vaccination Section of the Provincial Medical and Surgical Association.*

Experiments, by Henry H. Rugg, Surgeon, London.—During the last three years, whenever an opportunity presented itself, I have tried to establish the fact that the pox, which occurs spontaneously on the cow, is the same disease as that which occurs to the human subject, and which we denominate variola or smallpox. The means which I have taken to arrive at this conclusion, are exceedingly simple, and may have been tried by others before me; but, if so, I do not think they have been published.

Having a patient, laboring under variola, I took some virus therefrom, and inoculated a cow's udder. On the sixth day, I took some lymph from the cow, and vaccinated a child, two years of age, therewith. On the third day this produced the vaccine vesicle, and at the fifth day came to maturity. I have frequently tried the experiment since, and with like success. The characteristics generally noticed, when a child is vaccinated with lymph procured in this manner, are—the vesicle is sooner formed, sooner comes to perfection, and there is greater irritation and inflammation around the pustule. These peculiarities gradually diminish, according to the number of individuals through whom the virus pours afterwards; and hence I consider the more recent the matter is taken from the cow, the greater security will there be against the individual vaccinated having the smallpox in its more malignant form, if he should happen to have it at all.

I was led to perform these experiments from having seen the cowpox go through all its proper stages in a person, who was vaccinated two days previous to the smallpox making its appearance on him; and imagining that two dissimilar eruptive diseases could not happen in the same person at once, I considered that the pox as it exists in the cow was the same disease as the smallpox in a milder form.—*Lancet.*

SMALLPOX AND VACCINATION.

An elaborate and highly interesting report of recent cases of smallpox in the parish of Chelsea, England, by Dr. W. B. Marshall, was inserted in a late No. of the Lancet. Some of the facts we shall condense and publish, as they are peculiarly interesting at the present time.

Of 129 deaths from smallpox that took place between May 1, 1838, and April 30, 1839, 124 took place in the families of the poor and indigent, while only 9 happened in the houses of persons even two removes from absolute poverty and indigence. In 30 cases no professional assistance was had. The families of 114 of the fatal cases consisted of 592 members. Of these only 175 were alleged to have been vaccinated; whereas, during this or former epidemics, 433 had passed through smallpox. Of the 175 vaccinated, 13 had smallpox subsequently, and one died. Of the 433 smallpox cases, 10 were instances in which the disease occurred twice, and one of the 10 died. Among the unvaccinated cases, one in three was the average mortality.

In extending his inquiries still further, Dr. M. found that of 231 reputed cases of vaccination, without any deduction made for spurious virus or an imperfect operation, only 27 cases of subsequent smallpox are even alleged to have occurred, and of these only 5 were marked by any degree of severity, and but 1 died. Fourteen cases of secondary smallpox were also ascertained, 7 of which were extremely severe, and 3 fatal.

Of the 129 fatal cases first referred to, 56 were under two years of age, and 57 between two and six years. One only of the 129 occurred after vaccination, and 1 also after smallpox.

After the subsidence of the epidemic, it was ascertained that of 757 persons, taken indifferently, being the aggregate number of individuals in the several families who came under official notice, only 7 remained who had neither had vaccinia nor variola. The pestilence, therefore, seemed to be stayed only for the want of victims.

The writer relates a number of instances which came under his observation, showing the security afforded by vaccination. Of these, we have room only for a few :

" Emma Warman was attacked with smallpox, naturally, when two years and a half old, upon which occasion she was attended by the late Mr. Fletcher, who wished to have inoculated a family of children from her. Another sister had the disease at the same time. A third girl, who had been vaccinated twenty years before, was with the two throughout their illness, and escaped the contagion herself. In 1835, or six years after the first attack, Emma was a second time seized with the smallpox, and attended by Mr. Watton, of London. As on the former occasion, she was again nursed by her elder sister, who again escaped untouched, along with another sister, Mary Anne, and a brother, John, who were both vaccinated at the time. The eldest, who had thus escaped the disease twice, under circumstances of peculiar exposure, had been vaccinated when only four months old, and was the subject of five subsequent, but ineffectual, attempts at re-vaccination."

" Sophia Lockyer, 9 years old ; her brother, Frederick, 3½ years ; and her mother, 30 years of age, were all vaccinated respectively in their infancy. During the recent epidemic four cases of smallpox occurred in the family, consisting of eight persons. The father had been inoculated for variola when a child. The whole eight slept in one small room. One of the cases terminated fatally—the patient's carcase being literally in a state of putrefaction. The eldest girl, Sophia, had been his nurse throughout his illness ; neither she, nor her mother, whose breast he was sucking, nor her only vaccinated brother, suffered in any degree from their exposure."

The following case is curious, exhibiting the mysterious connection between mind and matter ?

" William Atkins, ætat. six years, residing in the World's End Passage, had been vaccinated when — years old. This child was playing with his companions, when another boy, covered with smallpox pustules, ran in among them. He was terrified at the sight, and ran home screaming to his mother the whole way, for her to save him. Nothing could assuage his fears. During the night he was evidently dreaming of the spectacle which had crossed him in the day, and talked about it incessantly in his sleep. He awoke with the precursory fever, and, in due time, his whole body was covered with the eruption."

The following is worth copying :

" A case of great interest was brought under my notice while tracing the registered cases of death from smallpox, in which the sucking babe was vaccinated at the mother's breast while the mother was lying ill of the disease, which eventually deprived her of life, was suffered to suck on, and derive its nourishment from a source tainted at the time with smallpox, and ultimately survived, without contracting the least appearance of the disease of which its mother died, whose milk had been its food, whose arms its cradle, and whose breast its bed, throughout her whole illness."

After relating two cases of much interest, he thus refers to them:

"In the one we see a child escaping from the womb of its mother who is suffering under smallpox. He is free from all external, from all perceptible disease. We mark his progress to manhood and old age, and, tracking his course, we follow him again and again to places infected with variola; and behold him again and again exposed to its virulence, again and again avoiding its contagion. In the other we see a fond mother and anxious wife, herself protected by the process of vaccination, but doubtful of that protection in her own case, still further alarmed for the safety of her husband and children, trembling, as she beholds the dead carried out day after day, lest the life of her unborn one should be forfeited; living in fear for days and weeks, while for days and weeks she inhales an atmosphere charged with the poison which has strewed her place of abode with dead bodies, and brought disease to every hearth in the immediate neighborhood except her own. Herself, her husband, her children, have all gone untouched—her infant is born, is preserved, escapes likewise—the only unprotected one who resists the atmospheric plague; the only living human being there who has come in contact with the disease and escaped its defilement, while alike unprotected by vaccination or variola."

Dr. M.'s concluding remarks are too applicable to our own country and our own condition, to be omitted. They are worthy of an intelligent and noble-hearted member of a liberal profession, and a citizen of an enlightened and christian nation.

"Smallpox, employed as a preventive, only secures the individual by endangering the community—vaccination secures the community by preserving the individual. Let us hope that the land which gave birth to vaccination will not suffer the lapse of half a century from the date of its discovery before guaranteeing to its every inhabitant the full benefit of its application. But vaccination, to be effectual, must be general; and vaccination, to be of general benefit, must be of imperative obligation. And the lesson taught by the smallpox epidemic of the past and present years ought not to be suffered to pass without conveying all the instruction it contains to the Government and people of England. A series of statistical reports on the subject, from every parish in England, ought to be moved for in Parliament; and an inquiry, founded upon the facts and figures afforded by these reports, should be fearlessly instituted; and, arising out of that inquiry, a law should be devised, not for the increase of Ephesian craftsmen's gains—not for the addition to chartered monopolists of wealth and place and patronage—but a law, large, liberal, and worthy of a great, a glorious, and a free people; a law of condescension, stooping to apprehend the case of the meanest, and to provide for the wants of the poorest; but a law of comprehension as well, spreading wide its arms throughout the length and the breadth of the whole British empire, to maintain the blessings of health and life and beauty among tens of millions of our own name and nation, and among hundreds of millions of our fellow men and fellow subjects, of all colors and of all climes."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 18, 1839.

A VISIT TO THIRTEEN ASYLUMS FOR THE INSANE IN EUROPE.

The author of a pamphlet with the above title, Pliny Earle, M.D., who says in a prefatory remark at the beginning, that he made a recent tour in Great Britain and on the Continent, and that he visited asylums for the insane, situated either on the route or the immediate neighborhood, has certainly done good service. He has brought together, in a compact manner, a mass of facts, which some men would have managed to swell into a quarto. It is an admirable talent to be able to say much with a few words. In this publication Dr. Earle has certainly shown that thirty-eight pages are just as good as one hundred and thirty-eight. If some of our cotemporaries would study brevity in medical matters, let them copy the very concise style of this gentleman.

Dr. Earle visited the Middlesex County Lunatic Asylum, at the beginning, which seems to be admirably conducted. Of the 600 who were there in 1837, more than 400 were devoted to useful occupations. In the account of the Pauper Lunatic Asylum, at Wakefield, very important statistical observations are introduced, all which are useful to those interested in similar institutions here. We want to collect all the information that can be gathered from such asylums abroad, and introduce into those of our own country all the advantages they possess. Gentlemen, therefore, who collect information like that under consideration, and scatter it amongst the people, confer a direct benefit, which every thinking man will appreciate. Considering the infancy of lunatic hospitals in the United States, we do not believe it is possible to effect better results anywhere, than they have already produced. All the reports which have been published, exhibit, in the clearest light, that the moral and medical treatment of the insane is as successfully practised here, as in any section of the old world. Still, it is not only intensely gratifying to know what and how they are doing in Europe, but it is also important to avail ourselves of any discoveries made there, in the treatment of a diseased mind.

Dr. Earle only relates what he saw—he enters into no speculations, advances no theories, and, what is better still, stops the moment he has nothing more to say. To transcribe very copiously, would be only reciting much that is already familiar to some of our readers, touching the mode of governing the asylums of England, Holland, France, &c. At the 34th page, the author commences a paper on the prevalence of insanity, full of good sense, and well calculated to impress the reader most favorably.

We should have mentioned that Dr. E.'s account of his visits has already been published in the American Journal of the Medical Sciences. But we are glad to see it in its present form, as an increased circulation is thus secured to it, and its means of doing good proportionably enhanced.

Boston Medical Association.—At a meeting of the Boston Medical Association, at the College, on Thursday last, reports were made by committees previously appointed, which chiefly related to the existing epidemic in this city. Statistical information of considerable interest had been collected, which made it very manifest that there had not been such terrible devastation by smallpox here, as rumor had represented. Being obliged to leave before the close, we were not able to procure the reports, but presume they will be equally acceptable at another time. That upon the necessity of re-vaccination was a document that would be read with eagerness by all persons.

Dr. Haynes's Supporter.—The ingenious inventor of this instrument, thus writes to us :—" There is one fact in relation to my supporter which I ought to have mentioned before, but it did not occur to me at the time I wrote ; it is in relation to a patent. I have not a patent, neither do I want one ; I give the instrument to a liberal profession. Being a member myself of the noblest of all professions, I feel bound, if I can improve or make any discovery in the medical art, to communicate it to my brethren, freely and without reserve. I have had sixty made, fifty of which are in use in the vicinity of Concord, N. H., and so far as I have heard from them, they succeed well in pleasing the unfortunate class who are obliged to resort to their use.

" I think the price of these instruments, not only mine, but all, is a great objection. A large proportion of them are worn by the poorer classes, who are not able to pay, and I propose to have some made, if possible, worth from $3,00 to $10 or $12."

Syrup of Garlic.—To the Editor.—Sir,—This note is accompanied by a phial of " Syrup of Garlic," prepared from the best Mediterranean article, with pure wine vinegar.

The specimen I send you was made *three years* since, by Dr. Bernard McHenry, corner of High and Federal streets, Boston ; and my reason for calling your attention to the article is, that at the present season the profession may be reminded of the fact that this simple prescription is a more powerful and efficacious agent in affording relief to the frequent cases of slight pulmonary irritation which pathologically characterize the present season, than any other with a knowledge of which some ten years' experience has furnished me. Your own judgment, however, will enable you to pronounce an opinion. Respectfully yours,

A Country Physician.

Surgical Operations.—Dr. B. Smart, of Kennebunk, Me., as we learn from a newspaper of that place, has performed the operation of dividing the tendo-Achillis for the cure of club-feet, on three patients since last May. Two of the cases were double, and one single club-foot, and a cure was performed in each.

Dr. S. has also recently performed an operation for the straightening of a crooked knee, occasioned by an affection of that joint, with a curvature of the lower part of the spine, producing a contraction of the muscles connected with the hamstring tendons, the thigh and spine. The leg was bent at an angle of about 40 degrees, and had been progressing for five or six years, and for three or four, about as much crooked as at the time of the operation. The boy, nine years of age, underwent the operation for the division of the hamstring tendons, Nov. 15th. The leg was extended about two inches at the operation, and by appropriate mechanical aids, it is now (three weeks since the operation) nearly straight, and he is able to walk without pain or inconvenience, placing his heel on the ground at every step; being what he has not done for four or five years; during which time he could only bring the toes and ball of the foot to the ground.

Medical Miscellany.—A man at Litchfield, Conn., for a suicidal purpose, swallowed 60 grains of opium, which the immediate use of the stomach pump could not remove, and he very soon died.—In the month of October there were 490 cases of fever at Tampa Bay, of which 413 were intermittent and 77 remittent. All the remaining sick, of the troops, are to be sent to the hospital at New Orleans.—The family of Dr. Young, at Balize, Louisiana, nearly lost their lives by taking a decoction of an article supposed to be senna.—Mrs. Gove has commenced another course of lectures on anatomy and physiology, at the Marlboro' Chapel, in Boston.—Dr. Valentine, who is represented to be a properly-educated physician, is exhibiting himself at the Saloon of the New England Museum, in various humorous characters.—Smallpox has again appeared in several parts of Maine. Cases have also appeared in various towns in this Commonwealth. A week since, a person sickened with it in Springfield, who was supposed to have contracted it in Boston.—Dr. Gross's second volume of Pathological Anatomy has been delayed entirely on account of the plates, which were not colored at the time appointed: orders, however, are coming in to the publishers very encouragingly.—Dr. Gallup's work, notwithstanding the ill treatment meted out to it by pseudo critics, has been widely circulated. Literary abuse invariably defeats the object of the slanderer, and helps the sale of a book.—Is it true that Dr. Griscom has written a little 18mo on physical organization? If so, why has it not been sent this way?

Married,—In Mexico, N. Y., E. Leffingwell, M.D., of Montague, Mass., to Miss Jane Elizabeth Jackson, of Manlius, N. Y.—In Hamilton, N. Y., Dr. Henry D. Kendal, to Miss Maria D. S. Havens.—In Gloucester, Mass., Benjamin Haskell, M.D., to Miss M. J. Calef.

Died,—In Shutesbury, Mass., Dr. Joseph Cobb, 72.—In Natchez, Mi., Dr. Asa Frisby.—At Pensacola, of yellow fever, Dr. Wm. A. Green, of the Macedonian.

Whole number of deaths in Boston for the week ending Dec. 14, 26. Males, 14—females, 12.

Of consumption, 3—hooping cough, 3—typhous fever, 1—smallpox, 9—intemperance, 1—scrofula, 1—drowned, 1—inflammation of the lungs, 1—infantile, 1—inflammation of the bowels, 1—suicide, 1—canker, 1—marasmus, 1—fits, 1—stillborn, 1.

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—" I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, " The Western Journal of Medical and Physical Sciences."

Professor McCleland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that " every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18*th May*, 1837.—" Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—" Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, $10.

June 12—1y

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents. Dec. 11.

MEDICATED VAPOR BATHS.

Physicians are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, antacid, anti-hæmorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerrish, No. 14 Franklin Place, Boston.

Aug 21—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, December 25, 1839. No. 20.

ON "ALKALINE INDIGESTION."

Dr. Robert Dundas Thomson read a paper at the recent meeting of the British Association at Birmingham, of which the following is an analysis :—

The author stated that he discovered this form of dyspepsia in 1835, and had communicated the results of his observations to the Medical Section of the British Association at Bristol. Since that period he had continued his researches, and had confirmed the accuracy of his first results by the examination of a very large number of cases. It has been long known that in stomach complaints fluids are frequently ejected from that viscus into the mouth; and it has been by examining the chemical constitution of those fluids that the author has been enabled to simplify, in some considerable degree, one of the most disagreeable forms of dyspepsia. Dr. Thomson divides the fluids which he has detected in these complaints into *acid*, *alkaline* and *neutral*.

1. The *acid* state is familiar to most persons. In the natural, there is no doubt that during a certain period of the process of digestion the contents of the stomach exhibit an acid re-action; that is to say, that litmus paper dipped in the fluid existing in the stomach becomes red; that the fluid tastes acid, and that when distilled over, a quantity of pure water having been previously added, the fluid which passes into the receiver exhibits a faint acid re-action. This does not occur, according to Schultz, however, during the first half hour or hour of the process of digestion. The acid would, therefore, appear to be generated by the process. The discussion with respect to the nature of the acid Dr. Thomson stated that he would reserve for the Chemical Section. When this natural acid, however, as it may be termed, accumulates to a certain extent, symptoms of disease exhibit themselves in the form of a burning sensation at the pit of the stomach, with acid eructations, which do not, however, alleviate the pain. This is the characteristic symptom of *acid indigestion.*

2. The second form of indigestion, indicated by the fluid ejected from the stomach, Dr. Thomson terms *alkaline indigestion.* It is characterized by violent pain in the region of the stomach, accompanied, frequently, with headache and faintness, with a sensation of spasm or contraction in that viscus; the sensation goes on increasing till it frequently becomes intolerable, and, at last, when the agony is complete, the patient is suddenly roused by a determination to the mouth of a

large quantity of fluid, which must be immediately evacuated to give place to a succession of similar occurrences; at last, however, the flow of fluid becomes so abundant as to constitute an actual stream; it continues to flow for some time, but gradually diminishes in quantity, and at length ceases, and with it the pain in the stomach. The latter is the characterizing symptom of *alkaline dyspepsia*, or *pyrosis*, as it has been frequently termed. But hitherto it has always been confounded with other forms of indigestion. Dr. Prout has published an account of his examination of the fluid of pyrosis, and has stated that it was acid; the fluid, however, was not procured by himself, but was sent him from one of the hospitals, where the mistake was very likely to occur. This form of indigestion occurs much more frequently than is generally imagined. Dr. Thomson stated that out of 40 or 50 patients daily seen at the Blenheim-street Dispensary, in London, he generally met with one or two affected with symptoms of this description. It frequently occurred in coincidence with affections of other organs—as of the uterus, liver, &c., and was often of such a pressing nature that it required more of the skill of the medical man than the original disease. Certain it was that it was absolutely necessary to treat it with as much care as the original complaint, and if the action had been allowed to go on for some time unchecked, the secondary affection became as firmly fixed as the original disease which had induced it; so that after the removal of the latter a secondary disease, as truly rooted as the first, required to be taken under the physician's care; the treatment consisted of the administration of acids, tonics and narcotics, which required to be prescribed with care, otherwise the *acid indigestion* was frequently induced, which was as difficult to eradicate as the alkaline form.

3. The last form of indigestion, as indicated by the fluid ejected by the mouth, which the author had met with, was a *neutral* state, which was of much rarer occurrence. Dr. Thomson had, however, met with several cases, and had succeeded in overcoming the disease by the use of tonics.—*London Lancet.*

REMARKS ON IODINE AND THE HYDRIODATE OF POTASSA IN CHRONIC DROPSY, WITH CASES.

BY P. SPALDING, M.D., HAVERHILL, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

It is highly probable that the medicinal virtues of many of our most approved remedies are but imperfectly understood, and especially those recently introduced to the notice of the profession. With much propriety it may be said of iodine and its compounds, our knowledge, as yet, is extremely limited. Though it has been used by many physicians, and applied in a vast variety of diseases, still an amount of knowledge is yet to be acquired, which can only be obtained by long and careful observation and experiment. That iodine possesses heroic virtues, cannot be doubted; and notwithstanding its "*modus operandi*" is not clearly understood, facts incontestibly prove that we have no remedy which can take its place. From a general use of this article for twelve years, I have been led to conclude that it was a tonic or stimulant of a peculiar character, operating upon textures not easily affected by other agents, exciting the absorbents in a most powerful manner, and enabling them to remove unnatural deposits, and even endangering, by a long continuance in its use, the absorption of healthy textures. Its operation is entirely different from mercury, though it may resemble it in some respects. While the latter is well adapted to common and some kinds of specific inflammation, equalizing the circulation, changing the nature of the action, breaking up morbid associations and habits, stimulating the secretions, &c., iodine operates more directly upon the textures not attended with common inflammation, but generally affected with specific irritation or inflammation, partaking of the nature of scrofula or tubercle. Though its operation is not confined to the above condition of the system, yet it must be admitted that we have no article in the materia medica that has such a controlling influence over the incipient stage of tubercle, or so directly and efficiently removes scrofulous depositions and irritations.

If the early stage of phthisis was carefully observed, and that condition of the system favorable to the production of tubercles understood, so that a judicious use of iodine or some of its compounds could be administered before the tubercular deposit had destroyed the surrounding texture, it is more than probable that a vast amount of human life might be saved, and a disease, which has been the terror of all ages and classes, be disarmed, and many, who go down to the grave prematurely, a reproach to the medical profession, be saved. The incipient stage of tubercle is too much overlooked, and its diagnosis not sufficiently pointed out. Perhaps the nature of the subject will not admit of this; but could it be done, and an early resort to iodine, or its compounds, together with diet, exercise, cleanliness, and those means which give tone and vigor to the system, be adopted, it would constitute a new era in the treatment of a class of diseases which destroys a great proportion of the civilized world.

But in this communication I wish more particularly to direct the attention of the profession to the use of this article in chronic dropsy, in confirmation of what has already been given to the public. Having observed, in the London Lancet, that the hydriodate of potass had succeeded in curing several cases of dropsy which had resisted every other means of treatment, I was induced to try it in the following cases, and the result was such as to leave no doubt on my mind that the writer of that article had come to correct conclusions, and that iodine, in certain cases of dropsy, will effect what no other agent as yet discovered can do.

Case I.—I was called, June 10th, 1836, to Mrs. F., ætat. 23, in labor with her first child. Four months after becoming pregnant, she began to bloat more than was common at that stage of pregnancy, and it continued to increase, notwithstanding the usual mode of treatment was perseveringly resorted to, until it became enormous; the whole cellular membrane filled with water, the ankles burst open, the abdomen was enormously enlarged, breathing laborious and frequent, palpitation of the heart, with strongly-marked symptoms of hydrothorax. She had an easy labor of about four hours, when she was delivered of a feeble child, weighing about five pounds. Strong hopes were now entertained that she might do well, and absorption take place, as is most usual under similar circumstances. Two days after, I was called, and found the abdomen larger than before the birth of the child, tender, fluctuation very distinct, cellular membrane distended to bursting, diaphanous, breathing laborious and frequent, pulse 130 and feeble, tongue slightly furred and dry, urine scanty, lochia almost colorless, palpitation, bowels constipated. Directed a purgative, calomel and jalap, to be followed once in six hours with tinct. digitalis gtt. 20, spt. nitre dulcis gtt. 40. Drink freely of cream of tartar, and Dover's powder at night.

June 13th. Cathartic operated well ; stools green and slimy ; urine wanting ; other symptoms as day before, except an increased hardness of the abdomen. Continued the medicines. 14th. Full discharge from the bowels ; stools yellow ; breathing more laborious ; half a pint of urine the last two days ; lochia colorless ; other symptoms as before. Continue the treatment. 15th. Palpitation increased and breathing suffocating ; bloating not abated. Being greatly alarmed, I resolved to give the hydriodate of potass a fair trial.

The following course of treatment was adopted, which succeeded in the course of 24 days in removing entirely the disease. Directed hydriodate of potass gr. 5, spirits nitre dulcis, ʒ i., to be taken four times a day ; gentle cath. cr. tartar and jalap, Dover's powder, at night. In two days the urine began to increase ; bowels became so loose that the cr. tart. and jalap was discontinued. The potass was gradually diminished, as the symptoms abated. In three weeks it was discontinued, and recourse had to a gentle course of tonics, which soon restored the patient. At no time during the treatment was the urine very much increased, or the stools particularly fluid ; much of the water must have passed off by insensible perspiration. Some doubts rested on my mind what agency the hydriodate had in the above case, more particularly as most patients with puerperal dropsy recover after the birth of the child ; but so far as I could judge, it operated like a charm. There can be no doubt, in the following case, that iodine effected a most remarkable cure.

Case II.—R. S., ætat. 20, March, 1835, complained of pain in side, back and bowels, extending from the back through to the umbilicus ; amenorrhœa, loss of appetite, slight fever, bowels constipated, and a fulness in the hypogastric region. Although submitted to judicious medical treatment, the bowels gradually enlarged, until it was suspected that she might be *enceinte*, and this suspicion was increased from the fact of there being an uncommon shyness when any allusion was made to the particular cause of her complaint. Time, however, proved the incorrectness of that opinion, and the abdomen continued to increase, and though submitted to the most active course of hydragogues, diuretics and mercurials, and every plan of treatment that afforded the least prospect of success, she was at last abandoned by her physicians, and her case considered hopeless. She continued, several months previous to my being called, bolstered up in bed, with breathing accelerated, laborious, and often suffocating; was at times thought to be dying; bowels greatly enlarged and costive; urine scanty, high colored; appetite very poor, and no relish for food of any kind; feet and legs slightly œdematous; the least motion put her very much out of breath. When called, October, 1836, the pulse was 110, feeble; tongue moderately coated and pale; skin bloodless; urine scanty; breathing laborious, like a person panting for breath after violent exercise; bowels confined, greatly enlarged, and as hard as an encysted tumor; not the least fluctuation could be observed.

From the remarkable hardness of the abdomen, its gradual enlargement, and the persevering use of active and appropriate medicines which had been given, I was somewhat in doubt in making out a diagnosis, but concluded, at least, if it was not a case of encysted dropsy, it was one that would be benefited as much by iodine as by any other remedy. Directed five grains of blue pill at night, followed the next morning with cream of tartar, gamboge, and jalap, so as to operate decidedly on the bowels, and to be repeated as often as the strength would admit, which was once in two and three days. Gave hydriodate of potass, gr. v., iodine, 1-16, in water, once in six hours; compound powder of ipecac. at night; nutritious diet, and agreed to call again in two weeks, at which time the medicines had all operated favorably, but no sensible abatement of the symptoms, except the bowels were less hard, but could not detect a fluctuation; breathing very little improved. Medicine continued two weeks longer, when I saw her again; symptoms then considerably improved; bowels quite soft, easily moved with alteratives, and a distinct fluctuation; breathing much relieved; appetite improving; urine greatly increased. The voice, which had heretofore been a whisper, was distinct and audible. Directed a cushion to be applied to the abdomen, laced as tight as could be comfortably borne; diminished the iodine and potass one third, omitted the blue pill, made a small caustic issue to the spine, as there was considerable tenderness between the shoulders, and continued the other treatment as before. This course was followed up for several weeks, when the iodine was still farther diminished, and the carbonate of iron substituted; and at the end of four months from the commencement of treatment, the bloating had entirely disappeared, and the patient was comfortable about the house, and able to do light work. The catamenia returned after a few months, under the use of tinct. of guaiac., friction to the lower extremities, invigorating diet, exercise, and blisters to the mammæ. She has since enjoyed perfect health.

Case III.—L. T., ætat. 19. This patient had been unwell for two years, with amenorrhœa, bloating of the abdomen and lower extremities, costiveness, indigestion, urine scanty, high colored, and at times voided with difficulty. She had been under medical treatment from the commencement of her illness until I saw her. Catamenia had returned once during her sickness, but with no apparent amendment. When called, the disease had assumed a more acute form; bowels considerably enlarged, tender on pressure, and constipated; vomiting for the last two days almost incessant, of a bluish green fluid; pulse 120, small and wiry; tongue, dark coat in the middle, red at the sides, and very dry; urine scanty; bowels had not been moved for four days, though a large quantity of various kinds of physic had been given, followed by active injections, until they were abandoned as of no use. Took 16 ounces of blood from the arm; directed 20 leeches to the abdomen once in two hours; a blister to the spine, to be dresssd with 40 grains of calomel; rice water; perfect rest. Next morning the pulse were a little fuller, and not quite so hard or frequent; vomiting had abated, except when something was taken into the stomach; not more than a teaspoonful of rice water could be borne without exciting vomiting; other symptoms as the night before. Continued leeches during the day; blister to the abdomen; gave two grains of calomel and half grain of opium in a small pill once in four hours, and occasionally a brisk injection. The next morning there was a free discharge from the bowels, and a slight ptyalism was excited. The irritation of the stomach subsided, the bowels became loose, soreness almost abated. The ptyalism continued about ten days, after which she gradually improved, so that in a few weeks she was comfortable. I felt in hopes that the salivation might change the nature of the action, produce absorption, and prepare the way for a permanent cure. But the bowels remained bloated the same as before the acute attack; more easily moved with physic and laxatives; urine scanty and high colored; countenance very pale; amenorrhœa.

Under this state of the system, I directed three grains of the hydriodate of potass, to be taken in solution once in six hours, and gradually increased to five grains, and continued until there was a change in the quantity and quality of the urine. In about ten days the bloating began to diminish, urine moderately increased, together with a very sensible amendment of the appetite. The hydriodate was gradually diminished as the bloating disappeared, and the carbonate of iron substituted as a tonic, and at the end of 12 weeks the catamenia returned, and every symptom of disease had disappeared. This patient has been uncommonly healthy and robust ever since.

The above cases are not presented to the profession, believing that iodine is a specific, or that it was the sole agent in effecting the above cures; but still it is believed, whatever agency other remedies might have exerted, that without the use of iodine or the hydriodate, we should have failed in producing absorption, and that great confidence may be placed in the use of this remedy in chronic dropsy.

Nov. 15, 1839.

REMEDIAL EFFECTS OF DIET.

[Dr. John Forbes, editor of the British and Foreign Medical Review, and one of the editors of the Cyclopædia of Practical Medicine, writes as follows on this subject. What a contrast to the doctrines so strenuously advocated by some of our modern philosophers and physiologists! It is possible, however, that some of his remarks are more applicable in his country than in ours.]

When we learn, from some good people, that man may live well on a vegetable diet, and that his clay requires nought but water to moisten it, instead of gainsaying them, we refer them to the corn mart, in Mark Lane, or some other assemblage of tillers of the soil, for specimens of the connexion of air and exercise, meat and beer, with large, athletic, vigorous, healthy forms. And when we find some of our well-meaning acquaintance educating their children in habits of abstinence and water, and complaining that, notwithstanding their careful dietary, the little growths are not so vegetative as they could wish, we have often found reason to congratulate them, that the daily allowance of a glass of stout and a little more meat has entirely altered the appearance of things; has put an end to a catalogue of pains, and aches, and disorders; has colored the pale cheek, and has made what promised to become a rickety bantling into a reasonably healthy boy. Why mankind requires the diet which we should recommend, is a question which would be better answered by an experienced breeder of cattle than by any one beside. At present we are disposed to be dogmatic; and to say that, in the great majority of cases, whether from the habit of parents having communicated a particular disposition to their offspring, or from the effects of injudicious general intellectual and physical management, the strongest organization will not be raised in this country on oatmeal and potatoes—add to these as much water as you may—but on good meat and bread, with *genuine* infusion of malt and hops; we say "genuine," because the scandal which attaches itself to beer is—sometimes at least—owing to the poisoned compound which it too often pleases and profits brewers to sell under that name.

In reasoning on the subject of diet, it should always be borne in mind that men are rarely living in a wholesome state, but are habituated to practices very foreign to health; that the exertions which, in a simple state of society, would have sufficed for maintenance, are not regarded as sufficient now, and that they are too often accompanied by an anxiety and disappointment which are as exhausting as the exertions themselves; and, moreover, that the effects of these and many other circumstances, which must occur to every reflecting practitioner of medicine, are such as diminish and exhaust power. It would be very easy, and on that account it is unnecessary, to give any illustrations of the above remarks.

A careful investigation of the history of a case, and great attention to both hereditary and acquired constitutional peculiarities, and to temperament, are necessary to the practical application of any dietetic rules. But we believe that it is the diet, far more than any medical treatment, that is important in many cases; and, not until diet is made a subject of more permanent importance than is at present the case, will the physician obtain, in the management of the vast class of cases termed nervous, the credit which he assuredly does not at present possess. It has fallen to our lot to observe cases of this kind, of years' duration, and some of the most distressing character, which have been subject to all the systems of simple medical treatment which ingenuity could devise for their relief, but which have speedily, we might almost say instantaneously, been relieved by the discontinuance of the medicine, and the employment of diet and regimen instead. We could derive from facts of this sort, the strongest arguments in favor of change in the present mode of remunerating medical practitioners in this country; such a change, in fact, as should tempt the practitioner, on seeing his patients, to ask himself—instead of "What medicine shall I give in this case?"—"Is it necessary to give any medicine at all?"

There are many individuals who have always been used to such a diet as would suit the majority, but which is not proportionate to the demands of their constitution, and the exertion, either mental or bodily, to which their daily avocations call them. They suffer from palpitations, or frequent despondency, or repeated headaches. A moderate daily allowance of good beer or wine, with an increase of animal food, is a rapid, certain, and perfect cure for these complaints.

CONGENITAL MALFORMATION.

[Communicated for the Boston Medical and Surgical Journal.]

Some time in August last I was called, in the night, to visit Dr. Webster's family, of Hill. Mrs. W. had been confined, the previous afternoon, of a male child, and was then comfortable. Nothing unusual appeared in the child at birth; its exterior was perfect, so far as had been discovered, and its features were uncommonly beautiful. Very soon, however, it was seized with spasms, attended with a livid appearance over the face and neck, and in some degree over the whole body, more especially when anything was put into its mouth. The nurse told me, on my arrival, that she believed the child could not swallow. Finding nothing in the mouth to obstruct the passage to the throat, and in order to satisfy myself as to what the nurse had stated, I directed her to give a teaspoonful of warm drink. The child made no effort to swallow, but was immediately convulsed, accompanied with the lividity above mentioned, and the drink which had been given was returned by the mouth and nose, mixed with bloody mucus. Supposing there might possibly be some spasmodic stricture of the œsophagus, and that gently stimulating the rectum would remove the difficulty, I advised an injection of warm water per anum. But in attempting to comply with the direction, no outward passage could be found; not even the vestige of an anus was seen; all was as smooth as the hand, except the raphe, which extended from the scrotum to near the point of the coccygis. All the circumstances of the case considered, it was not thought advisable to attempt any operation, and I took my leave, expecting soon to hear that the child was dead. It remained, however, much the same till the next day; it would sometimes lay quiet, as though nothing ailed it; and the anxious parents, desiring that something might be done, if possible, to relieve the little sufferer from its impending fate, sent for me again, and two others of the faculty. The result of this consultation was, that an attempt be made to open a passage into the rectum. An incision was made in the integuments, about an inch long, half way between the scrotum and coccygis, and an abscess lancet introduced about an inch and a half in the direction to pierce the lower portion of the gut, if it were in its natural situation. No portion of the intestine was reached, and, of course, the operation failed—and the poor little thing was again left to its fate. It lingered a day or two, without any change of symptoms, and expired.

Post-mortem Examination.—The abdomen was considerably swollen, from gaseous distension of the intestines. No other abnormal appearance was noticed in the alimentary canal, except at its extremities. On dissecting out the lower portion of the track, it was found that the rectum, instead of pursuing its natural course down the concave surface of the os sacrum and coccygis, took an anterior direction towards the bladder, and terminated in a cul de sac upon the posterior portion of the neck of that viscus. The bladder could be inflated from the rectum by means of a blow-pipe, though the communication could not be traced by a common probe.

The condition of the upper end of the tube was still more remarkable. The pharynx terminated in another cul de sac, about two inches below the fauces. The œsophagus, tracing it upward from the cardiac orifice of the stomach, diminished in size as it ascended, till it finally ended in a few scattered fibres, passing through an opening in the posterior part of the trachea, to be inserted upon its inner surface.

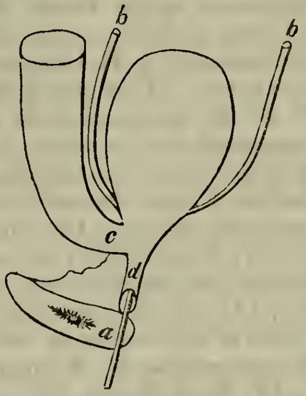

Figure 1.—*a*, Portion of the perineum. *b b*, Ureters. *c*, The rectum ending upon the neck of the bladder. *d*, The urethra.

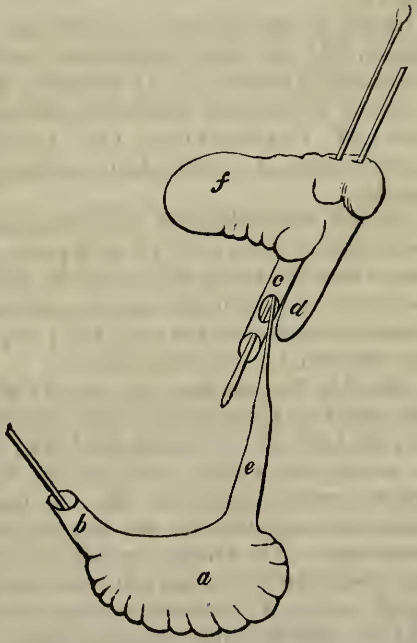

Figure 2.—*a*, The stomach. *b*, The pyloric orifice. *c*, The trachea. *d*, The pharynx, ending in a cul de sac. *e*, The œsophagus, ending upon the inner surface of the trachea. *f*, The tongue.

I have procured a drawing of the dissection, which I enclose in this communication, and which, together with the communication, is at your disposal.

Yours, &c.,

Sandbornton, N. H., Dec. 4, 1839.

Thomas P. Hill.

REPORT ON SMALLPOX IN BOSTON.

Reference was last week made, in the Journal, to the reports of Committees appointed by the Boston Medical Association. That on the number of cases of smallpox and varioloid, signed by Jacob Bigelow, M.D., chairman, and J. B. Gregerson, M.D., Secretary, we condense and publish below. After stating that requisite inquiries had been addressed to all the physicians in the city, and that from the answers received it appeared that the disease had been seen and attended by less than half of the physicians, the report proceeds:—It appears that the whole number of cases known to the physicians of Boston during the present epidemic, and up to December 9th, is 248, as follows:

Males, 115; females, 121; sex not stated, 12.

In regard to their place of birth, it appears that there were—Native, 184; Irish, 13; other foreigners, 50; unknown, 1.

The extent of the disease in different sections of the city is as follows:—Eastern section, 9; Northern, 144; Central, 7; Western, 60; Southern, 13; South Boston, 13; unknown, 2.

The ages are as follows:—Under 2 years, 10; between 2 and 10, 44; do. 10 and 20, 49; do. 20 and 40, 101; over 40, 34; unknown, 10.

In regard to occupations and condition, there were—Laborers, 27; mechanics, 32; merchants, traders and professional, 22; domestics, 28; others, including children, 114; unknown, 25.

In regard to previous protective diseases, there had had previous smallpox, 13; vaccinated once, 149; vaccinated twice, 18; vaccinated more than twice, 1; never had smallpox nor vaccination, 55; unknown, 12.

In the 168 vaccinated, the time which had elapsed since vaccination was—less than 1 year, in 16; 1 to 5 years, 23; 5 to 10, 18; 10 to 20, 34; more than 20 years, 43; unknown, 34.

The causes to which the patients attributed their disease, were—Direct communication with the sick, 127; supposed conveyance of contagion by another, 1; unknown, 120.

In regard to the character and severity of the disease, the following are the results:—Varioloid, or slight disease, 145; smallpox, or severe disease, not fatal, 52; smallpox, fatal, 22; character not stated, 29.

An inquiry was further made by the committee into the number of persons who were exposed to take the disease by residence and direct communication with the sick, and also of those who actually took it from such exposure. The returns on this head were made by only a part of the physicians applied to, but will serve to throw some light on the proportion of cases. Persons reported as exposed as above, 1502; number of those who took the disease, 64, which is about 1 in 23.

The committee think it necessary further to state, that a few of the foregoing cases are supposed to be repetitions, in consequence of the same patients having been attended in different periods of their illness by different physicians. They have further to add, that in a separate report obtained from the resident physician of the city, 76 cases are given, a large portion of which were transferred to his care by other physicians, and of course included in the previous part of this report. As the names are not given in his return, the committee are not able to decide on the identity of the patients, but if one half of them be considered as additional cases, it will make the total aggregate of varioloid and smallpox amount to 296 cases, which is believed by the committee to be a full estimate of the whole aggregate, within the last two or three months.

The committee subjoin the following gross results, as illustrative of the protective power of vaccination, as now generally practised in this city.

The whole number of slight cases reported, is 145; severe do. 52; fatal, 22. Making the slight cases to the rest, as about two to one.

The persons reported as immediately exposed to the disease, are 1502, of whom 64 only are known to have taken the disease, or about 1 in 23.

Of the 22 cases which proved fatal, 18 were in persons never vaccinated, nor protected by previous smallpox, being nearly 6 out of 7. Of the remaining four, two had been vaccinated, and two had had the smallpox, one by inoculation, the other in the natural way.

Assuming the population of the city at 80,000, and the number of cases at 300, the proportion of inhabitants who have taken the disease is one to 266. The number of deaths which have occurred is 22, which being averaged on the foregoing population, is 1 in 3636; and of those vaccinated, only 1 in 40,000.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 25, 1839.

VACCINATION.

At this particular period, when physicians are questioned so much and so frequently about the value of this operation, and the circumstances under which it should be performed, any information explanatory of the laws regulating the action of the vaccine virus, when introduced into the human system, cannot be otherwise than acceptable to the younger members of the profession. A variety of communications, chiefly theoretical in their character, relating to this very subject, were received in times past, originating principally in places where the public excitement was very great, in consequence of the existence of smallpox. Mr. Coggeshall, a student of medicine, who is very familiar with the process of vaccination, having enjoyed uncommon facilities, has presented the following paper, which is entitled to the respectful consideration of those who have leisure or inclination to examine the matter in detail. If he is correct in his deductions, a discovery has been made of consequence to mankind. We have no disposition to meddle with the subject any further than to give it a place in the Journal, with the conviction that gentlemen competent to the undertaking, will ascertain the correctness of Mr. Coggeshall's views, or show that he labors under a most singular mistake.

Re-vaccination. By J. H. Coggeshall.—It is a question in medical science, whether re-vaccination is necessary to prevent smallpox. Some say it is, and some that it is not. The common theory among people in general, seems to be this, viz., that re-vaccination is necessary once in seven years. This probably originated from the idea that the human system undergoes an entire change in that period of time; but this notion, to my apprehension, is as false as it is common. A late French writer says that the only safety is in re-vaccination; but he does not tell us under what circumstances it should be performed.

The object of this communication is to prove that re-vaccination is necessary in most cases; and the reason why it is so, I shall endeavor to explain. According to my observations, at the Health Office, in this city, since August last, where many thousand individuals have been vaccinated and re-vaccinated, from the age of four weeks to eighty years, it has been noticed, in hundreds of instances, that those who were vaccinated in childhood were not susceptible of a second vaccination before the age of puberty; but after they had passed that epoch, they were susceptible of a re-vaccination. Those, on the other hand, who received their first vaccination since puberty, were proof against a second operation. The third trial, in all cases, has been ineffectual. It has been proved, beyond a doubt, that where the genuine matter was used, every individual was susceptible of vaccination, except those who have taken the disease the natural way from the cow; and they, of course, were proof against vaccination, varioloid and smallpox.

In visiting the hospital and private patients now sick with the prevailing epidemic in Boston, I have examined them in regard to their vaccination. Those who have had the confluent smallpox, I find have never been vaccinated. Some were children under four years of age; others were people who came from some remote place, where vaccination is but little attended to. Those who have the varioloid, in a milder form, uniformly say they were vaccinated when they were children. Many of them, however, give a very uncertain account of the matter. I find no individual who has had the varioloid, who was ever *re-vaccinated.*

Now what do all these facts and circumstances prove? *First*, they prove that every individual is susceptible of vaccination. *Second*, that *re-vaccination* is not necessary before puberty. *Third*, that the system undergoes a change at puberty, and that re-vaccination is then necessary. *Fourth*, that vaccination is a sure preventive of smallpox. *Fifth*, that *re-vaccination* is a sure preventive of the varioloid. *Sixth*, that the third vaccination is inert. *Seventh*, that the system is susceptible of varioloid, after puberty, 'whenever the individual is exposed to smallpox without re-vaccination.' *Eighth*, that *re-vaccination* is not necessary, if the first operation was performed since puberty. *Ninth*, that those who disregard vaccination are always liable to smallpox whenever exposed to the influence of that dreadful disease. *Tenth*, that if every individual were vaccinated before puberty, and re-vaccinated after that revolution of the system, there would be no such disease existing as smallpox or varioloid.

We do not arrive at these conclusions hastily, by any means; they are based on actual experiment upon many thousands, of all ages and sexes. Even since I have been preparing this paper, there have been more than fifty examples before me, that would establish the foregoing statements, beyond all doubt. I visited the State of Maine, when the epidemic was there, and vaccinated the inhabitants of one town, in which I found the same undeviating rules to hold good. In Boothbay, the principal seat of the disease, it was noticed that the infection passed harmlessly by those who had been vaccinated.

It is hoped that every medical man, at least, will investigate this subject for himself, and let the public know the result. In all my experiments the genuine virus has been used. Very frequently, in places where vaccination is but little attended to, spurious lymph is used, and an imperfect protection will of course follow.

Smallpox in Boston.—Since the statement made by the Medical Association, the people appear less alarmed. Those who visit Boston, from the country, are now well satisfied that they were unnecessarily kept from transacting business here, through excessive fear. Cases are continually occurring, but they are more confined to one place than they were some weeks ago. The hospital at the foot of Bridge street is admirably provided with everything that could be desirable to make the unhappy sufferers by this disease, as comfortable as possible.

American Academy of Arts and Sciences.—The following catalogue of the officers of this institution is inserted, because it may be a convenience to medical gentlemen, throughout the country, to know whom to address, in writing to the Society. A large number of physicians belong to the Academy.

John Pickering, LL.D., *President;* Jacob Bigelow, M.D., *Vice President;* Charles Folsom, A.M., *Corresponding Secretary;* Benj. Peirce, A.M., *Recording Secretary;* Joseph Tilden, *Treasurer;* Enoch Hale, M.D., *Librarian;* George Hayward, M.D., John Ware, M.D., *Committee of Publication;* John Pickering, Jacob Bigelow, Daniel Treadwell, John Ware, Benjamin Peirce, *Rumford Committee.*

Population of France.—The total number of births in Paris, during the year 1837, was 29,192; or, 14,651 boys and 14,541 girls. Of the number born, no less than 9,578, or nearly one third, were born out of wedlock. The number of deaths amounted to 28,134. There died—at home, 17,127; in hospital, 10,604; in prison, 99; while 304 bodies were deposited at the Morgue.

Hence of every *five* persons who die in Paris, only *three* have the satisfaction of dying in bed.

The number of deaths from smallpox, out of a population of 774,338, amounted to 458; in the year 1836, it was only 227.

The proportion of males to females born is as 17 to 16; but of children born out of wedlock, the proportion is as 24 to 23.

As there is one birth for every 32.7 inhabitants, if we suppose the population to remain nearly stationary, the mean duration of life is expressed by 32.7 years. Before the revolution it was only 28.75.—*French Lancet.*

Prison Mortality in France.—From 1815 to 1818, the general mortality of the prisons in Paris was 1 death for every 12.01 prisoners; from 1819 to 1825, the mortality was reduced to one in 15.30. In the other prisons of the kingdom the general mortality was one in 20.9.

In the places where galley slaves are confined, the mortality from 1816 to 1827 was as follows :—

Rochefort, 1 in 11.51 ; Toulon, 1 in 20.55 ; Brest, 1 in 27.06.—*French Med. Gazette, Sept.*, 1839.

Adulteration of Bark.—The present high price of cinchona bark has given rise, in France, to an adulteration to which we think right to direct attention, as, from a similar reason, it may probably be attempted in this country :—

The bark employed in the adulteration is the cinchona ovata, and a considerable quantity has been sold to the central depot of the Parisian hospitals. On being analyzed by M. Bouchardat it was found to contain a peculiar crystallizable principle, but neither quinine nor cinchonine. The cinchona ovata may be recognized by the following characters. It is of a greyish color, mixed with pale yellow, the internal surface of the bark being dark and constantly dirty looking; it is much lighter than the true barks, and its form is that of a *tube*, from two lines to an inch in diameter, without any admixture of flat bark with it.—*French Lancet.*

Black Pitch in Hæmorrhoidal Affections.—Mr. Wardleworth, an English surgeon, has found the pix nigra of great benefit as a remedy in internal and external hæmorrhoids, whether of a blind or bleeding character. His formula is the following : Pitch, ʒss., divided into three pills, two to be taken every night, attention at the same time being paid to the state of the intestinal canal.

Ovarian Dropsy.—The following extraordinary case is taken from the Connecticut Courant. The references place the truth of the recital beyond all manner of doubt. "Died, at East Windsor, Con., on the 5th of Dec., inst., Mrs. Esther Stiles, aged 49 years. The disease (ovarian dropsy) which was the cause of her death, commenced as early as the year 1820, and on the 15th July, 1834, 28 pounds of water were drawn from the abdomen by tapping. Since that time 70 operations have been done, and more than 3115 pounds (nearly 12½ barrels) of water have been drawn. During the greater part of this long period, Mrs. Stiles's general health did not appear to suffer excessively, and until the last three or four weeks of her life, she ate and slept well, and attended to the ordinary domestic concerns of her family, and except from the unwieldiness of such a mass of water (often more than 50 pounds), she was not subject to any distressing sensations. Her strength, however, gradually declined, and at the time of her death she was very much emaciated. Should any person question the authenticity of this unparalleled case, reference may be made to Dr. Hiram Watson, the attending physician, to Drs. E. F. Read and James H. Morton, consulting physicians, or to her brother, Mr. John Morton, who, with his wife, assisted at most of the operations, and has kept a particular account of the date of such operations, and the quantity of water drawn."

On Longevity and Mortality in Prussia. By DR. HOFFMAN.—During the 18 years, commencing 1st January, 1820, and ending 31st December, 1837, the mortality in 12,626,379, being the average population of Prussia during that period, amounted to 6,653,167. Of this number, 149,058 attained the age of from 80 to 85 years; 67,754 that of from 85 to 90 years; and 31,516 attained an age beyond 90 years. Thus, 248,328 individuals, or 3.732 per cent. of the population attained an age beyond 80. During the same period, the births amounted to 9,236,107. Of this number 319,243 were stillborn; 1,577,018 more died before the completion of the first year; 751,737 died during the 2d and 3d years; 305,237, during the 4th and 5th years; 171,808, during the 6th and 7th; 154,124, during the 8th, 9th and 10th; and 123,693, during the 11th, 12th, 13th and 14th years.—*Medicinische Zeitung.*

Treatment of Delirium Tremens without Opium. By T. Cahill, M.D.—Although confident, from a good deal of experience, of the infinite value of opium in many cases of delirium tremens, we have ourselves witnessed so much evil from its indiscriminate and exclusive use, that we gladly receive Dr. Cahill's criticisms on the practice. The original article contains the details of seven cases, which are intended to illustrate, and do illustrate, the proposition maintained by the author, "that opium is not beneficial in many cases; in others, that it is positively injurious; and that in all a cure can be effected without its assistance."—*Dublin Journal of Medical Sciences.*

Medical Miscellany.—Of 154 convicts now in the Tennessee State Prison, 61 attribute their crimes to the use of ardent spirits—66 are habitual drunkards, and 82 occasional drunkards.—What is the reason that the first American edition of the London Dissector, revised and corrected by Edward J. Christy, has not been sent to Boston? The work is needed here.—Dr. Dunglison's work on New Remedies is exceedingly admired by practitioners in this part of the country.—Dr. James Hamilton's table of Chemical Equivalents is wanted hereabouts.—Smallpox has appeared in the neighborhood of St. Johnsbury, Vt.—Dr. Thomas E. Gage, of New York, has been apprehended for procuring an abortion. Several others concerned in the same affair are likewise in limbo. The details are most shocking, and show a degree of moral turpitude almost without a parallel.—Assistant Surgeon D. Harlan is ordered to the Sloop of War Dale; Surgeon B. Ticknor is Fleet Surgeon, and T. M. Smith, Geo. Manesby, and Charles Bates, belong to the Ohio—now at Gibraltar.—The Westminster Medical Society, in England, numbers about 1200 members.—At a late meeting of the Medical Society of London, a member made some important statements respecting the effect of ergot of rye on fœtal life. A friend of his, he stated, instead of taking ergot of rye in his pocket, as formerly, when he went to a labor, had now substituted tea and sugar. Other members had not found it hurtful.

To Correspondents.—A foreign communication on the contagiousness of plague is reserved for next week.—Dr. Alcott's third paper came too late for this No. We trust our motives in giving insertion to these papers will not be misunderstood. So much has been said by others, in the Journal, respecting Dr. A.'s "notions," that he claimed, for once, as an act of justice, space to state his views in full. This we could not consistently refuse, though aware that some of our friends would, at first thought, find occasion for complaint.

Whole number of deaths in Boston for the week ending Dec. 21, 30. Males, 13—females, 17.

Of consumption, 5—dropsy, 2—infantile, 2—smallpox, 11—intemperance, 1—lung fever, 2—old age, 1—croup, 1—scarlet fever, 1—teething, 1—drowned, 1—fits, 1—stillborn, 3.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructers.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

Anatomy.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

Surgery.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

Chemistry.—Recitations and instructions by Dr. Storer.

Physiology and Pathology.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

Midwifery.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

Theory and Practice of Medicine, Clinical Instruction, and Materia Medica, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1839. eplmeop6m

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

For the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Ventro-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from $1 50 to $4 00, according to size and finish. To physicians those of men's sizes will be sold at $2, 2 25, 2 50, 2 75, and $3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21— M. R. FLETCHER.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents. Dec. 11.

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

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IS THE PLAGUE CONTAGIOUS?

[WRITTEN IN MALTA, BY AN AMERICAN GENTLEMAN NOW RESIDING THERE, AND COMMUNICATED FOR THIS JOURNAL.]

> "For if fear withheld them from going near one another, they died for want of help, so that many houses became quite desolate for want of needful assistance; and if they ventured, they were gone."
>
> Thucydides.

Is the plague contagious? To the people of the United States this is a question of great importance, and merits a general attention. After several years of residence in the East, after much personal observation of this disease, and some acquaintance with its history in ancient and modern times, we must confess that we are still undecided whether the plague is to be classed among contagious diseases or not. Many medical men of the highest rank have written on this subject, and have entertained totally different opinions, and supported their opinions with such equal plausibility, that the question, perhaps, was never more unsettled than it is at present. We have heard that a congress, to be composed of delegates from all the powers of Europe, is shortly to meet at Florence, for the purpose of investigating the nature of the plague, and to form quarantine laws, which shall not be so detrimental to European commerce as those now in force. Why should not America send a representative to this body, to advocate the interests of our countrymen? As the second commercial nation in the world, with our vessels in every port, and our trade yearly increasing, we should not be backward in seconding the views of the English and French, who, it would appear, are becoming more aware of the folly of long quarantines, and are desirous of having all taxes on their trade reduced, and all unnecessary interruptions removed. No estimate can be made of the amount of money which is yearly wasted by the detention of American vessels, in foreign ports, before they are permitted to discharge their cargoes. If this time can be saved, and all the dues which they are now compelled to pay, avoided, millions of dollars would be saved to our merchants. Should the United States not be represented at this congress? shall we enjoy the benefit of any changes which may now be made in the present imperfect system of quarantine regulations? We fear the jealousy of the other powers might prevent it, and it is our duty to guard against any such occurrence.

In the remarks which we shall now make on the plague, it will be our aim only to give the statements of those, who, from their practice, observation, or study, are entitled to be heard; and until the question shall be satisfactorily settled, whether this disease is contagious or not, we shall range ourselves on that side, where, if we should err, we should at least have the satisfaction of knowing that our error could produce no harm; and with the contagionists we should advocate every necessary precaution to be used in those places where the plague is wont to range, or where, by inattention at any time, there might be a shadow of a chance for its introduction.

Of all the diseases which flesh is heir to, the plague is the most disgusting in its character, and most fatal in its termination; it is a pestilence which stalketh at noon day, and cuts asunder all the ties of friendship and affection; it has destroyed millions, and made the streets of crowded cities but to serve as avenues to the grave. By its ravages fleets have been made but charnel houses, villages have been depopulated, and armies destroyed. It is a common enemy, a fell destroyer of the human race; against it we should make common cause, and see if its ravages can be stayed—its poisonous seed destroyed. By this disease how many thousands have been

> " Cut off even in the blossom of their sins,
> Unhouselled, unanointed, unannealed,
> No reckoning made, but sent to their account,
> With all their imperfections on their heads."

Yet Christians are idle, while infidels perish. Where had this pestilence its origin? The first account we have seen of it, is by Thucydides, who states that four hundred and thirty years before the Christian era, it was introduced from Ethiopia, into Greece, and from its ravages caused a general mourning at Athens. Procapius also notices this pestilential disorder, which for a period of more than half a century continued to infect all the inhabited places of the known world, first making its appearance at Pelusium, an ancient city in the neighborhood of Damietta, and from thence sweeping along the coasts of Egypt, Syria and Asia. From the information afforded by the Greek historians (whose authority alone we can trust), we are persuaded that the plague had its origin in the countries bordering on Egypt, and that in all ages it has in those quarters had its strong hold and its most deadly character. But why should Egypt be so visited, and her inhabitants so grievously afflicted? In that barren land all maladies have found a nursery, and alike by the ravages of the "*pest*," the cholera and smallpox, have its wandering tribes been smitten. Let the attention of Christians and philanthropists be directed to Egypt; let missionaries be sent, and instruction given to these roaming Arabs; teach them not, in their sufferings, to call on Mahommed, who can yield them no assistance, but to put their trust in God, who alone can be their protection.

Is the plague contagious? Among the distinguished modern writers who have believed it to be so, we would first mention the benevolent Howard, who states that all practitioners in matters of plague, who were living in his time, in the most explicit manner concurred in representing that it might be communicated by the touch "of infected persons or things." He cites, as authorities, Fra Luigi di Paria, of the plague hospital at Smyrna, where this disorder is always more or less prevalent, who gave it as his decided opinion that the *pest* was communicated by contact, according to all the observations he had been enabled to make for a period of more than eighteen years. Raimond, of Marseilles, was equally positive; he stated that incontestible experience daily proved that it only proceeds from contact. Demollins, of Marseilles, also remarked that in every instance the plague was brought to that city by merchandize, or by persons from beyond sea. Giovannelli, of Leghorn, coincided in this belief, and added that the air could not be the vehicle of the contagion. Dr. Tully is a decided believer in the contagious nature of this sickness, and in his work he says theorists have sometimes hazarded a different opinion from that which he entertains, yet experience has always proved its fallacy. "When the plague existed at Marseilles, in 1720, the French physicians entertained an opinion that it was not contagious, and acted accordingly. What was the result? Sixty thousand people perished in the short space of seven months. At Messina, also, in 1743, where the same opinion was entertained, forty-three thousand died in less than ninety days. Dr. Tully states that in 1593, when this disease carried off, in London, upwards of eleven thousand persons, it was satisfactorily ascertained to have been imported from Alkmaar. In the same city, in 1603, when thirty-six thousand people fell, it was introduced from Ostend. Again, in 1625, it was brought from Denmark, and more than thirty-five thousand of the inhabitants perished. In 1636, it cost thirteen thousand Londoners their lives, and was traced from Leyden. Lastly, it broke out in 1665, and committed much more extensive ravages than on any previous occasion; in a few months sixty-eight thousand of the citizens died, while in the country the numbers who died are unknown. After this grievous disease had terminated, and when but few had escaped, the physicians conceived it was contagious, and established laws of quarantine. From that day to the present the plague has never made its appearance in England—and never will, if proper precautions are used."

This view of Dr. Tully is certainly strong, and deserving of particular attention. One of the strongest arguments to prove that the plague is contagious, is deduced from its history at Malta. This barren rock, which is only fruitful in its population, has, five separate times since its settlement by the knights, been the unfortunate scene of its devastations. In the spring of 1592, some Tuscan gallies, which were cruising in the Levant, captured two Egyptian Merchantmen, and sent them to Malta, on learning that the pest was at Alexandria. Their cargoes of flax proved to be infected, and many of the islanders perished. In 1623 it made its appearance in the house of Paulus Emelius Ramadus, the guardian of the port; the disease soon spread, and its advance was only stopped by the decision of the Grand Master, who ordered those who were ill, and all their families, to be confined in the lazaretto. Forty-five persons, only, died. In 1655, a man who had some communication with a chief from the East, fell ill; as quickly as this was known, all intercourse was forbidden, and out of the house not a single "*accident*" occurred. It was kept within the walls where it originated. The fourth appearance of the plague at Malta was in 1675, and a little child was its first victim. How it originated could never be discovered; it existed among the inhabitants for seven months, and was of a most fatal character. The Board of Health were unfortunately divided in their opinions as to the nature of the disease. Consequently no precautions were used, and thousands died before the rulers were aware of their danger. It was at this time that the foundation stone was laid for a quarantine establishment on Marsa Muscetto; the buildings have at different periods been enlarged, and at this day the lazaretto of Malta is one of the finest in Europe, as regards it situation and the size of its apartments. During the time this plague existed, out of sixty thousand, the number who dwelt on the island, one sixth part perished.

The fifth and last instance where the Maltese have suffered from this contagion, was in the spring of 1813. The island at that period being under British rule, and the disease being treated by English practitioners, we shall make brief reference to its history. On the 28th of March two brigs under the British, and one under the Spanish flag, arrived at Malta, all from Alexandria, and with foul bills of health. On board of two of the vessels, during the voyage, there had been sudden deaths, and on board the third, at the time of her arrival, two of the crew were dangerously ill. The authorities were satisfied that the plague existed, and placed the St. Nicholas, the only brig of the three which remained in port, under the strictest quarantine; the captain and crew were, on the 29th, removed to the lazaretto. On the 1st of April the commander was taken ill, and the following day the sailor who attended him. On the 7th both died. This proximity of the plague alarmed the Maltese, and meetings were held to devise measures by which its introduction among the inhabitants might be prevented. The government decided, in their wisdom, to quiet the public mind by sending the St. Nicholas back to the port from whence she came, and on the 10th of April, under the escort of "His Majesty's brig Badger," she sailed for Alexandria. This was probably the most unfortunate conclusion to which they could have come, for the moment the vessel left the harbor all precautions ceased, and four thousand six hundred and sixty-eight wretched beings, who were living in fancied security, within a few months *died* of this loathsome disease. On the 16th of April, or within a week after the departure of the St. Nicholas, a young woman, the daughter of a shoemaker, living in Valletta, was taken ill, and although the symptoms were violent, and she died within three days, yet neither her physician, nor the priests who had the body taken into the church, nor her friends, surmised, for a moment, that the complaint of which she had died was the plague. She had scarcely been buried, ere the mother was seized "with a high degree of fever, accompanied with a violent headache, giddiness, and sickness at the stomach." The woman complaining of a severe pain in both groins, the attending physician became alarmed, held a consultation, and reported to the government that it was a case of a very suspicious nature, or, in other words, they feared it was the *pest*. On the 3d of May the symptoms became still more alarming; "and on the 4th, the committee of health reported that the public health was in imminent danger," and that the shoemaker's wife was dead. On the 5th the husband fell ill, and a general alarm pervaded the minds of all the inhabitants; many hurried into the country, while the seamen fled to their ships. The governor closed the courts, the opera house, and all places of public resort, by a proclamation, and declared that all the officers should only confine themselves to those duties which should be absolutely necessary for the furtherance of the public service.

For ten or twelve days no new case occurred, and the Maltese began to lay aside their fears, and return to Valletta. The government, to put the inhabitants on their guard, published a brief account of the plague at Messina in 1743, to show that the disease might make but little headway for thirty or forty days, might lull the people into a false security, and then break out in all its deadly virulence. These surmises were but too fatally proved; this disease, which for a month was hardly known to be in the city, confined, as it was, to one poor, unfortunate family, showed itself on the 16th of May in all the principal streets of Valletta, and before its ravages were stayed one twentieth part of the whole population perished. The contagion ceased, only, when every family could grieve for a member dead. As the French army, when after a severe engagement they routed their enemies, and were in full pursuit after those who were attempting to escape, cried to their officers for more powder, and more Prussians, so the plague at Malta was extinct for want of victims. Those whom the disease spared, were only left to mourn.

The contagionists believe that the *pest* was introduced into the island by a man of the name of Borg, who received, from some of the health guardians, infected goods, and smuggled them on shore. Others are of a very different belief, and say that the plague could not have been introduced in this way; to prove this assertion, they remark that of all the crew, who were sent to navigate the St. Nicholas to Alexandria, not one was attacked, and the persons who were employed to unload her, also escaped without the least appearance of any illness. Of the truth of this statement there is not the least doubt, and the non-contagionists bring it forward as a strong argument in their favor, and consider it unanswerable. Sir Thomas Maitland arrived at Malta, as governor, on the 5th of October, 1813, and learning that the inhabitants of Casal Curmi would use no precautions against the disease, which was raging among them with all its virulence, sent a body of soldiers to surround the village, and with strict orders not to permit any person to advance five yards beyond its walls. Casal Curmi, as far as related to plague, was put out of the king's peace, and declared under martial law. "So effectually were these laws enforced, that all danger was speedily at an end, retreat was impossible, and the disease, which was treated with a rigid and watchful eye," soon yielded to the measures which were adopted for its destruction.

Again, the author who has written to support his opinion that the plague at this island was contagious, declares that the inhabitants of the three cities of Vittoriosa, Singlea and Cospicua, escaped only by their strict quarantine; and so determined were they to cut off all communication, that even the officers of government were forbidden to mingle among them, when they came from infected places. On the 7th of January, 1814, the whole of Malta was declared free of contagion, save the Casal above named, and Fort Manual, where the diseased were confined. On the 27th, a free pratique was given to the Maltese, no doubt remaining on the governor's mind "of the perfect and permanent suppression of the plague." On the 7th of March Casal Curmi was stated to be free of the *pest*, and the inhabitants were permitted to enter and greet those of their relations or friends who had been spared from the pestilence. Of those who were sought, but few were found, as most of the villagers were tenants of the grave, and many families were totally extinct.

During the whole period that Malta was afflicted, the inhabitants of Goso, a small island situated some twelve or fifteen miles to the north west, wholly escaped, and it was not until the Maltese were declared wholly recovered from the plague, that it showed itself among the Gosotans. This would serve to prove that the malady was contagious, as so long as the quarantines between the two islands were enforced, Goso escaped; but on the day that these were removed, *accidents* occurred among the Gosotans, who mingled with the Maltese. The man who was supposed to have introduced the disease, fell himself a victim. He was presumed to have introduced it by smuggling infected goods which, while confined at Casal Curmi, he had buried. Being permitted to return to his house at Goso, and a native of that island, he carried his death warrant with him. By the determined regulations of the governor, Sir Thomas Maitland, who forbid any intercourse between the two islands, and who sent a strong military force to surround the village where this death had occurred, that no one might escape from its bounds, the pestilence was confined, when it first appeared, and but ninety-six perished, all of whom were residents of Casal Caccia. Among the deceased, and much lamented, was Dr. McAdam, who was the physician to the forces. He conceived that the disease was not contagious, and while administering to others, took the complaint and died.

(To be continued.)

TEMPERANCE AND EXCESS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Your correspondent, in his second article (Vol. XIX., No. 14), has the following remarks: "There is *probably* no country of equal extent, in the world, where the average of human life is so great as in New England. *Probably* the deaths in our country villages do not, on an average, amount to more than one in seventy annually. * * * *Probably* one in six of those born in New England live to the age of seventy, and perhaps one in ten to that of eighty years. True," he immediately adds, "there may be among us fewer instances of extreme longevity, or of those who survive and pass their hundreth year, than in some other countries; but this is not inconsistent with the facts I have stated." Unquestionably not, *if facts indeed they were*, but there is the difficulty. *They are not facts.* The writer himself, though he calls them facts, has given us no evidence that they are so—indeed he prefaces every one of them with a "probably," as will be seen by a recurrence to the quotation, where I have marked those *doubtfuls* by italicizing them.

Now I was brought up, Mr. Editor, and continued to reside, till nearly thirty years of age, in a town adjoining to that in which your correspondent, to whom I refer, now resides, and therefore my observations have been made on the very same region of New England, and almost the selfsame people. Yet I have come to very different conclusions. I will not undertake to say that whenever and wherever we differ, my friend is always wrong; but I will affirm, that leaving my own superior age and phrenological structure out of view, I have had at least as *good* an opportunity of coming at the truth as he has.

From my earliest youth I was accustomed to observe the very facts on which we both rest, and to keep a record of births, deaths, &c. And I remember, in particular, some of my early conclusions, one of which was that Morse, in his Universal Geography, must be incorrect when he says of the inhabitants of New England, "it is estimated that about one in seven of the inhabitants lives to the age of 70 years, and about one in thirteen or fourteen lives to the age of 80 and upwards." But I did not observe, at that time, that the venerable geographer prefaced his statement, not exactly, like your correspondent, with a *probably*, above all with *three* probablies, but with "it is estimated," which, however, amounts to nearly the same thing. I had not learned, then, to what an extent even our great men are mere retailers of hearsay, or at most compilers of facts which others have collected, including, of course, many things which go by the name of facts, but which in truth are not so.

To be brief. From a long course of observation and examination, I was led to the conclusion that not more than one person in ten lives to seventy years of age, and not more than one in sixteen or eighteen, to eighty. Yet your correspondent, not satisfied with his first conclusion, that "probably" one in six reaches seventy, and one in ten, eighty, tells us in a subsequent number he has consulted Bancroft's History of the United States, and finds that "more than one in five, full four in nineteen, attain the age of seventy;" and that "a friend of his, curious in such matters (observe the authority, reader), has made inquiry, and has found that of all those born in this neighborhood (the writer's), full one in four lives to the age of seventy." It is not for me to quarrel with Mr. Bancroft's statement, or with Dr. Morse's *hearsay*, or your correspondent's *friend*; but truth compels me to say that within my own range of *observation*, the *facts* are otherwise. And if it should be conjectured that those observations were made on an unhealthy section of country, I believe that even your correspondent would be willing to testify to the contrary; and that no part of New England is more distinguished for its healthiness.

Thus much for the data with which your correspondent sets out, and on which he grounds his sweeping conclusions, that there is probably (?) no country of equal extent in the world where the average of human life is as great as in New England;" and that "not only are the New Englanders long lived, but they are, as a body, healthy, hardy, stout, muscular, fully developed in body, and well formed," "especially the agricultural portion of them;" in which particulars, he adds, "there is no people that excels them." Thus much, too, for the confidence which he now begins to assume, having so many *probabilities* to stand upon, and with which he propounds the following question: "How does it happen that the very people who eat a greater proportion of flesh than any other, and whose habits are consequently worse than any other, have, at the same time, better health, longer life, more robust bodies, and a little shrewder minds, than any other?"

Now it would be better, far better, for the side of your correspondent, if the assumptions contained in the question, propounded, as it is, in a tone of evident triumph, were more fully sustained by facts, or even by sound argument. Were it so, it would become my duty either to be silent and acknowledge it to be unanswerable, or to meet it with fact and argument having a different bearing. As it is, I hardly need to confront it by anything but assertion; all else would be gratuitous. Nevertheless, for form's sake, at least, I will bring together a few authorities, as well as present the example of one nation—a nation, too, which we are wont to despise—as by no means second to the New Englanders.

The facts I would present relate solely to the duration of life in different countries. The average annual mortality in the United States is usually placed at 1 in 40. New England may vary a little from this, though it is presumed not much. We will suppose it, however, to be 1 in 41. But the mortality of England and Wales is only 1 in 58; the Pays du Vaud, 1 in 49; Sweden, 1 in 48; Holland, 1 in 48; and Russia, 1 in 41. I suppose it will not be said that these countries are smaller than New England; but if not, what is the inference? I know we are all apt to be partial to our own country and climate; but it ill becomes us to suffer these partialities to bias our public statements.

"Hundreds of thousands—we might say millions—of the Irish do not see flesh meat, or fish, from one week's end to the other. Potatoes and oatmeal are their articles of food; if milk can be added, it is thought a luxury: yet where shall we find a more healthy and robust population, or one more enduring of bodily fatigue, and exhibiting more mental vivacity?"*

How does this testimony—for testimony it certainly is—accord with the views of your flesh-eating correspondent. Will he any longer say that the New Englanders have better bodies and minds than any other people, when the despised, potato-eating Irish are at least their equals, if not their superiors? And what will he say to the statistics of the mean annual mortality of different countries?

Your correspondent admits that the "New Englanders are what may be called the freest and best livers on the globe, and even makes his boast of it. Yet he denies that eating too much, especially among our agricultural people, is one of our great national evils. Yet herein his views certainly conflict with those of our wisest and best philosophers and medical men, from Franklin and Rush down to Caldwell and Combe, and Warren and Mussey. The concurrent testimony of all—I believe I may say, without a solitary exception, your incognito correspondent alone excepted—is that, as a people, we eat and drink a great deal too much; and it is the decided opinion of nearly all, that we eat at least twice as much as our best physical, intellectual and moral interests require. How, then, is it that we are told that excessive eating is not "a great national evil"?

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* Journal of Health, edited by Drs. Bell and Condie, Vol. I., page 7.

Here permit me to say that I was brought up in the midst of the robust agricultural population alluded to, and had an opportunity of witnessing its customs and modes of life. It was my lot, moreover, to be a medical practitioner for several years among this very population. I am not fond of making my own experience the measure of everything, your correspondent to the contrary notwithstanding; but I *have* a right —and am disposed to use it—to set personal observation and experience against personal observation and experience. Now I have found this very people as much addicted to the "sin" of excessive alimentation as any other people I have ever known. I will not say *more* so, though I am not sure but I might, with truth, go even thus far. But I will say —and I must do it, if I speak the whole truth—that I do not recollect half a dozen farmers above thirty-five years of age, and not one above forty-five, in perfect health, their *good habits* to the contrary notwithstanding.

There is a fallacy often connected with our observations on this subject. Man, everywhere, is a bundle of habits; some good, some bad. This is as true of physical habits as of moral ones, and as true in New England as elsewhere. Though the inhabitants so generally indulge their appetites to excess, yet have they many good habits to counterbalance this single bad habit, or rather this single set of bad habits. Thus we find that, as a general fact, they breathe the pure air, are industrious and cheerful, and retire early and rise early. In addition to the fact that they are generally cheerful, it may also be observed that they are usually free from those causes of trouble and anxiety which "wear and tear" the mind and greatly favor premature disease and decrepitude. Besides all this, they are descended from a healthy stock. Their ancestors, two or three generations back, did not run into excess, as do their descendants; and the abuses to which I allude do not, in the course of Divine Providence, destroy a people at once. That they are at present, however, rapidly degenerating, from some cause or causes, will not, it is believed, be denied, even by your correspondent himself; and I have not a doubt, in my own mind, that excessive alimentation is one of the most fruitful causes of this degeneracy.

I have said that in the progress of my observation and experience, as a medical man, in one of the healthiest sections of country in New England, I did not find half a dozen farmers over 35, and not one over 45, who were healthy. Their full habits of eating, joined sometimes to their cider and cider-brandy drinking, and sometimes without either, usually bring on rheumatism, gout, chronic diarrhœa, dyspepsia or liver complaint. The first and the last of these diseases are most common; and all, except the gout, are, to a very great extent, caused by eating too much.

Perhaps I should have added that, for various reasons, females do not so often eat to excess as males. Nevertheless, I believe the majority even of that sex go farther in this respect than the best interests of our complex nature require. Yours, &c.

Dedham, Dec., 1839. WM. A. ALCOTT.

ON THE CONTAGION OF SMALLPOX DURING THE YEAR 1836, IN THE CIRCLE OF HIRSCHBERG, IN GERMANY. BY DR. SCHAEFFER.

[Translated for the Boston Medical and Surgical Journal.]

THE conclusions to be deduced from this little memoir, are as follows:

1st. Vaccination, as a preservative against the smallpox, appears to be in an exact proportion with the number of vaccine cicatrices; thus, out of 43 vaccinated individuals who have afterwards contracted the varioloid, only 130 cicatrices have been found; while in 38 *vaccinated individuals*, who have not contracted the disease, though in a high degree exposed to it, 211 have been counted.

2d. Vaccina is very far from having the same preservative virtues in different individuals. In some a single cicatrice has sufficed to guarantee them against the smallpox; while others, on the contrary, showing as many as six, have been attacked with the most strongly-characterized smallpox.

3d. It is very difficult, almost impossible, to give any characteristic indications of the true cicatrices. Out of 43 vaccinated patients who have had the smallpox, 14 have shown the proper cicatrice marks; in 25 they were more or less regular; in 4 they could no longer be discovered; on the contrary, in 38 *vaccinated persons* who did not take the disease, 34 had the regular cicatrices, 3 had them more or less characterized, and in 1 they no longer existed.

4th. The greatest number of vaccinated persons who have taken the varioloid, has been between the ages of 10 and 30 years. The severity of the malady was in exact proportion with the time elapsed since vaccination. It is nevertheless to be remarked that the age between 10 and 30 is most *disposed* to the contagion, and that in general the disease is severest in persons most advanced. In one case the varioloid declared itself in an adult person immediately after a *thorough* vaccination; in another it showed itself lightly on the 8th day after vaccination, which was not *retarded* in its progress. Again, other vaccinated individuals, from 25 to 32, have not been infected.

5th. A great number of persons have been submitted to re-vaccination, of which not one has afterwards contracted the smallpox, neither have any of those on whom re-vaccination was performed without success, afterwards been affected by the disease, although in immediate contact with it. A certain proof that when re-vaccination does not take, the liability to the contagion has become extinct.

FORMATION OF AN ARTIFICIAL ANUS.

A CASE has been lately reported in which M. Amussat, of Paris, succeeded in establishing an artificial anus in the lumbar region of a lady affected with obstinate constipation. The same enterprising surgeon has more recently performed the same operation with nearly equal success, as the following account, from the French Medical Gazette and Lancet, will show.

M. T., 62 years of age, was affected with piles and constipation for several years. On examination of the rectum, it was discovered that a carcinomatous ulceration occupied the gut, about two and a half inches above the sphincter, nearly obliterating the cavity, and extending upwards for an inch and three quarters. This state of the intestine was recognized by several medical men in consultation, and the means of alleviation were discussed. Dilatation and the ligature were rejected. Excision of the carcinomatous ring was also rejected, as any hemorrhage might prove fatal to the patient, who was already reduced to the lowest state. After much deliberation, it was proposed to break up (broyer) the tumor, and this operation was performed by M. Amussat, on the 30th of May last, with a long pair of forceps, by which the most prominent granulations were crushed and removed. But little blood was lost, and the patient experienced hardly any pain. A current of cold water was now thrown into the rectum, to prevent, if possible, the development of inflammation; and, after a lapse of eight days, it was decided to cauterize the parts. Accordingly M. Amussat applied the caustic potass at seven different times, by means of the speculum, an interval of three or four days being allowed to intervene between each application. No signs of inflammation about the bladder or peritoneum were thus produced, and the cancerous tumor was reduced to nearly one half of its original volume. The patient's state, however, became gradually worse. An evacuation of the bowels took place only once every ten or twelve days, and was attended, each time, with a prostration of strength, often terminating in fainting fits. The skin covering the sacrum was on the point of ulcerating.

Under these discouraging circumstances, another consultation was held on the 13th of July, when it was unanimously determined to give the patient the chance of an operation for artificial anus. M. Amussat made an incision four inches and a half in length, along the middle of the space comprised between the last false rib and the crista ilei, beginning at a distance of about four inches from the spinous processes of the vertebræ. The rest of the operation was completed in the manner we have before described. At the anterior angle of the wound a membranous projection presented itself, and beneath this seemed to lie the small intestines.

The sigmoid flexure of the colon was firmly contracted, and nearly covered by the quadratus lumborum muscle, the fibres of which were divided transversely. The intestine was now seized, with the necessary precautions, and the posterior half of the circumference divided. Some gas and scybalæ escaped. The colon was then drawn to the anterior edge of the wound, and fixed there by four points of suture. Three other stitches were applied to the edges of the wound, care being taken to leave the portion which corresponded with the gut perfectly free. The operation was not productive of any general accidents, but the opening did not give passport to the fæcal matter, until the 18th of July, when an abundant evacuation took place through it. The opening was now gradually dilated by means of prepared sponge and bougies.

Since then the passage of fæces through the artificial anus has been considerably facilitated. The patient's general health has also so much improved, that he was able to return to the country; the hectic fever had disappeared, and a regular evacuation took place daily. On the 18th of August he was examined by M. Amussat and several other surgeons, who found that the disease of the rectum had not made any progress since the operation; and on the 22d of September, M. Amussat had a letter from the patient, announcing that he was able to walk about every day for an hour and a half, without any inconvenience.

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ELEMENTS OF PATHOLOGICAL ANATOMY.

Not many weeks ago, a notice was given of the appearance of this finished and truly splendid production from the pen of Dr. Gross, of Cincinnati. In calling the attention of our many readers to a second examination of the claims which a native work has upon them, for patronage, we have no other interest to serve than that of the whole profession, who cannot be indifferent to the progress of any measures which place in their hands, and at their disposal, new powers, new agents, and unlooked-for prospects of success in the practice of physic. He must be a perverse navigator, who sails amongst shoals, quicksands and breakers, regardless of the dangers which threaten him at every point of the compass, when charts might be had by asking for them, and pilots are proffering their services within hailing distance. We apprehend that our professional friends do not sufficiently appreciate the invaluable services of our own native authors. They write under the advantages of a thorough acquaintance with the variable character of our climate, the influence of our laws and institutions on the minds and temperaments of the people; and, in connection with all this, they bring all that they have acquired of a foreign origin, to bear with greater force, in illustrating physical derangement, and the causes of those maladies which lie concealed in deep-seated organs, beyond the ken of vision or the reach of such instruments as art has placed at their command.

This great undertaking by Prof. Gross, of elaborating two volumes, in which the whole field of pathological anatomy has been surveyed under the skilful eye of a master, cannot be passed by with indifference, or the work take its rest upon the shelf before its pages have been most carefully and minutely studied. It is not, indeed, of a character to be easily forgotten—but through the hurly-burly of every-day life, which characterizes the physician's course in this new country, where everything, even to the mountains, must move, or be trodden down by the multitude that is rushing onward, there is danger of having it too long overlooked.

With the addition of the second volume, which has been a little delayed, we are put in possession of not only a valuable treatise, but a beautifully executed specimen of copper-plate printing, xylography and typography. Dr. Gross commences the first volume with a dissertation on the general principles of pathological anatomy, embraced under the natural divisions of inflammation, effusion of serum, lymphization, suppuration, hemorrhage, softening, gangrene, ulceration, granulation, cicatrization, induration, hypertrophy, atrophy, transformations, hydatids, serous cysts and heterologous formations. These topics occupy one volume of 518 large octavo pages, subdivided into seventeen chapters. There is a large amount of matter brought to a focus on every leaf, and where marginal diagrams are interspersed, we feel that Dr. Gross has neglected no attractive method by which the text may be clearly and comprehensively understood in its details.

Volume second, in which the learned author has exerted the strength of a vigorous intellect, is devoted to *special pathological anatomy.* There are fourteen chapters in this division of the subject. The first embraces the consideration of the thymus gland, &c. Then, in orderly succession, are presented the thyroid gland; the respiratory apparatus, the heart and its membranes; the nasal, maxillary and frontal sinuses; the mouth, pharynx and œsophagus; the peritoneum; the biliary apparatus; the spleen; the pancreas; the urinary apparatus; and, lastly, two elaborate chapters on the organs of reproduction.

Thus, imperfectly, we have attempted to show the method by which Dr. Gross approached the field in which he has toiled with such distinguished success. In ostensibly constructing a guide book for those less conversant than himself with the intricacies of the labyrinth through which he has been travelling, he has raised a monument to his own fame that will transmit his name to posterity, as a bright example of the triumphs of industry; while it will prove that the far West, in the infancy of our country, is a genial region for intellectual attainments, and for the diffusion of useful knowledge.

Smallpox and Vaccination.—Timothy L. Jennison, M.D., of Cambridge, Mass., writes: "Dec. 17, 1839—About 500 cases of smallpox were under my care in 1792. My views of it were much enlightened by vaccination. The manner in which vaccination was introduced and persisted in led me to uncertainty as to its perpetuity. It is well known that great numbers of all ages, stingy people as well as poor, were 'vaccinated' by nurses and other people who would not be considered competent. I believe many of Dr. Waterhouse's patients were by him 're-vaccinated,' the following year, he doubting if they were effectually protected. It grieves me that 're-vaccination' should be encouraged, or vaccination of healthy, middle-aged people, who had been inoculated with kind, effectual smallpox, in 1792. If vaccination is advised as preventive after such time, inoculated smallpox will be considered ineffectual against natural.—A lady who had inoculated smallpox under my care in 1792, solicited Dr. Waterhouse to vaccinate her. Hastily he complied. In the usual time its effects were evident; some symptoms were more serious than he predicted. Incredulous as to her having had smallpox, he asked me. I was told her arm was particularly troublesome before she gained a sound skin.—Harlow, a lad, in 1776 had smallpox kindly for that period, in Boston, by inoculation of his leg; recent inoculation of his arm presented more complaints than the first: pustules appeared around the incision."

Medical Almanac.—Many correspondents seem not to understand that the American Medical Almanac is a *periodical*, and, consequently, that the rate of postage is a mere trifle. The volume for 1840 bears the following title, viz.: "The American Medical Almanac for 1840, designed for the daily use of practising physicians, surgeons, students and apothecaries. Being also a pocket memorandum and account book, and general medical directory of the United States and the British Provinces." It is very compactly printed on a beautiful, clear type, and contains, the present year, 152 pages. The amount of matter fully equals any of the London medical almanacs, and many of the articles were expressly prepared for the work by the most eminent medical gentlemen in this country. The readiest method of obtaining a copy is to order it at once by mail, either from the publishers, Marsh, Capen, Lyon & Webb, or of the publisher of this Journal. The medical statistics of Maryland, Pennsylvania, Ohio, Virginia and New York, are brought into a small compass, and yet are sufficiently copious.

Apparatus for Vapor Baths.—The following is a description of a cheap and commodious apparatus for vapor baths, which was lately presented by M. Duval to the Royal Academy of Medicine:—

M. Duval's apparatus consists—

1. Of a spirit lamp, with four wick burners, which contains a decilitre of alcohol at 36 degrees. The centre of the lamp is pierced by a small opening to permit of the escape of the alcoholic vapor.

2. Of a three-footed stand, composed of iron wire, and intended to support the reservoir of water. This latter contains four decilitres of water, and is closely covered in; to the cover, however, is fitted a tube through which the vapor may be conveyed to different parts of the body, and which is furnished with a cock for the purpose of stopping the vapor when necessary. When a general bath is administered the body may be enveloped in a blanket supported on hoops, and the blanket covered with oil-cloth.

The quantity of spirit contained in the lamp is sufficient to keep up combustion during 50 or 60 minutes, at a cost of about *two pence*. The cost of the whole apparatus is not more than two pounds five shillings, while those commonly in use cost not less than from twelve to twenty pounds.—*Bul. de l'Acad. de Med.*

Ventro-vaginal Fistula.—There has been a case of this disease in the hospital, under Mr. Stanley. The disease commenced many years ago. It appears the woman's first labor was very lingering, and sloughing of the vagina followed. A small portion of intestine then descended into the vagina, but not to such an extent as to prevent conception, for she afterwards bore six children. A pessary was then employed, which she wore till it produced retention of the urine, for the relief of which she was admitted into the London Hospital. Some operation was performed to extract the pessary, by which the aperture in the vagina was increased;

and, since then, whenever she stands up, large portions of intestine pass through the os externum. If no bandage be applied, they are of the size of a large child's head. Mr. Stanley wished to pare the edges of the fistula, and thus endeavor to promote either adhesion, or great contraction of the opening. She refused, however, to submit to the operation, and was accordingly discharged.

This case is interesting from its rarity, and the extent of the fistula. It must be exceedingly uncommon, as Madame Boivin, in her work on the diseases of the uterus, does not refer to it.—*London Lancet.*

Medical Miscellany.—Up to Monday evening, Dec. 30th, there had been *thirty-eight* deaths by smallpox in Boston, in December. The disease is evidently abating.—Dr. Cragham has become the owner of the celebrated mammoth cave in Kentucky. It will be recollected that its extent is unknown.—Very frightful and exaggerated accounts of the fatality of smallpox in Boston, have been propagated in the country.—Mr. L. N. Fowler has published a phrenological almanac, of 48 octavo pages, embellished with engravings.—Professor Espy is about publishing his theory of storms, or, in other words, a system of meteorological philosophy.—As long ago as January 27th, 1801, it was published in the American Mercury, at Hartford, Con., that from a record kept at New Milford, for 10 years before, it had been ascertained that the average number of those who had died in the town, annually, was 34 out of a population of 3600. By reckoning for the same period, it appeared that of those born there, or who emigrated to the town, $\frac{1}{4}$ died under 6 years of age; $\frac{1}{2}$ under 35; 1 out of 6 lived to 70; 1 out of 12 lived to 80; 1 out of 40 lived to 90; 1 out of 1000 lived to the patriarchal age of 100 years.—Dr. Morton's great national work, Crania Americana, has been entirely finished, and will soon be distributed to subscribers in the United States. One hundred copies were sent to London.—Sketches of prominent Surgeons of London and Paris, is the title of a lecture given by Dr. Gibson, of Philadelphia, introductory to the present course in the University of Pennsylvania, and published in the Medical Examiner.—A man died on the 19th at Quebec, of hydrophobia, six weeks after being bitten, and only 36 hours after the symptoms were developed.—The anniversary of the birth of Dr. Spurzheim was celebrated in this city, last evening. A discourse was pronounced by Mr. Geo. Combe, the phrenologist.—Mr. Wakley, editor of the London Lancet, who was chosen coroner not long since, has already found himself in difficulty. He has been complained of for holding unnecessary inquests, but he defends himself manfully in the pages of his own periodical.

Married,—In Canton, Ms. Dr. Ezra Abbott to Miss Harriet M. Lincoln.—At Chicago, Ill., John Brickenhoff, M.D., formerly of New York, to Miss Septima S. Penton.—In Philadelphia, Wm. B. Page, M.D., of Virginia, to Miss Celestine Davis.

Died,—In Chatham, Conn., Isaac Smith, M.D., 67.

Whole number of deaths in Boston for the week ending Dec. 28, 37. Males, 25—females, 12.

Of consumption, 5—fits, 1—smallpox, 10—infantile, 3—old age, 1—casualty, 1—lung fever, 2—croup, 2—typhous fever, 1—paralysis, 1—apoplexy, 1—canker rash, 1—drowned, 1—debility, 1—disease of the heart, 1—child-bed, 1—inflammation of the lungs, 1—stillborn, 3.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by Joseph Roby, M.D.
Theory and Practice of Physic, by John Delamater, M.D.
Obstetrics, by Ebenezer Wells, M.D.
Chemistry and Materia Medica, by Parker Cleaveland, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is $50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. P. CLEAVELAND, *Secretary.*

Brunswick, Me. Nov., 1839. N 27—eop6t

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents. Dec. 11.

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREATMENT OF HERNIA.—E. W. Leach, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, January 8, 1840. No. 22.

IS THE PLAGUE CONTAGIOUS?

[Continued from page 334.]

We have finished with the historical account of the plague as it occurred at Malta and Goso, and shall now consider this disease as it has shown itself in various other places, and at different periods. We have had reference to various publications, and have taken such extracts from each, as might serve to show whether this pestilence could be deemed contagious.

Monsieur Samoilowitz, a Russian, who wrote on this complaint in 1783, states that the infection cannot be communicated by the air, but by contact alone. Sonnini, an Italian author of some note, says, that to establish the fact that the plague can be communicated by contact alone, he would cite an instance which came within his knowledge, of a garment having been so completely impregnated with pestilential matter, as to transmit the plague to those who touched it, while the person who carried it altogether escaped. This writer also mentions that the shocking mortality which was caused by this disease at Constantinople, in 1778, when two thousand died in a day, was wholly attributable to the neglect and indifference of the Turks, who did not employ any means for their preservation. Sonnini believed that no remedy had been discovered, and that it was both difficult and dangerous to make any suggestions for a disease which spreads itself with such certain and dreadful rapidity. He cites an instance of a Russian surgeon, who, when confined as a prisoner at Constantinople, with many of his countrymen, recommended inoculation, and in this way killed upwards of two hundred persons. He lastly inoculated himself and died, which this writer thinks a fortunate circumstance, as had he lived, not one would have been spared; as it was, a few at least escaped.

How different is this from the statement of that distinguished French physician, Clot Bey, who is now at the head of the Medical Board of Egypt. He declares that all quarantines for this complaint are humbugs; that he has twice inoculated himself with matter from diseased patients, and that his home has been for years in plague hospitals. We shall await the publication of his work with much anxiety; from his rank, practice, talent and influence, his statements will be deserving of the utmost attention. We might say the same of Dr. Bowring, who has published a pamphlet on this subject, and is of the same opinion as Clot Bey, that the plague is not contagious, and that the quarantines, as now conducted, are wholly useless. Dr. Bowring is at present employed by the British government to make himself acquainted with the nature of this malady, and is to be sent to the Congress to which we have previously alluded. Dr. Tainsh, who was the surgeon on board the English line of battle ship "Theseus," at the siege of St. Jean D'Acre, had several cases on board under his treatment, and did not lose a single patient. It was his opinion that this disease was not so contagious as generally thought, and that the reason it so much prevailed in the Levant was because the Mahommedans were so careless, indifferent and indolent, when the complaint existed among them. Sir James Porter, in his work on Turkey, has made a singular assertion; he says "that there is not on record, nor has a single living witness related, an instance of an English factor or servant dying of the plague at any of the sea ports, towns, or in any other part of Syria, or Asia Minor, and but one only in Constantinople, in almost a century; and that from the first origin of the charter not one English seaman had ever died with the plague." George Baldwin, Esq., who was for several years the English Consul in Egypt, and who is supposed to have been the first who ever recommended the use of oil, where persons were afflicted with this disease, has stated that out of one million of the inhabitants who perished by this malady in four years, he could not discover a single oilman, or dealer in oil.

Dr. McLean, of Calcutta, published in 1801 a work on the plague, to prove that it was not contagious; his arguments were thought to be of too trifling a nature to require an answer, and those who noticed the book at all, did it only to vent their spleen, and call its author a madman. We will take a quotation from the doctor's work, as his opinions are becoming daily more popular, and have already found several able advocates. Dr. McLean argues that contagion cannot exist, from the fact that if it did, consequences would result which never do take place; that is, that all who were exposed would become infected. And more particularly would this argument be true of the Turks, who use no exertions to prevent contagion, and where, as a natural consequence, the malady would never cease, until the whole population was destroyed. Our author observes that it appeared to him "that this contagion, or principle of plague, is diffusible in the atmosphere, to a distance greater or less from an infected body, according to the climate and season of the year, and possibly to other peculiar states of the atmosphere, with which we are unacquainted; that in the spring or summer, a single infected person will be found sufficient to contaminate the air of a whole city, and that it will increase in strength and influence until it becomes so powerful that nothing but the winter season will put a stop to it."

This statement does not accord with that of Dr. Deidier, who asks, if this disease is in the air, how it happened that the inmates of a convent which was situated between the pest hospital, on one side, and the grave yard where those who died with the plague were buried, on the other, could possibly escape. Yet this did occur at Marseilles, and not a single inmate was seized with the disease during the whole period it remained in the city. Muratoris has published that when the plague was last in England, while it raged in the town of Cambridge, the collegians altogether avoided it by having no communication with the town's people. Gastoldi has stated that when this malady was in Rome in 1656–7, the inmates of the monasteries and nunneries escaped, who kept themselves confined. Bertholett could not discover any change in the atmosphere, during the existence of the plague. Diermerbroeck, an author of high repute, was of the same opinion, as was Dr. Tully, from whose work we have taken these references. Raymond "supposed that the infected might be conversed with, without danger, at a few paces distance." They stated that the infection extended only a few paces, and that the miasms, at a distance of twelve yards, were so corrected by the air as to lose all their activity. A Jew, a physician of some note, was of opinion that the air about poor patients was more infectious than that about the rich. This reminds us of the statement of Lord Clarendon, who at the time the plague was in England, was filling a diplomatic situation abroad. On his return to London, finding all his friends and relations well around him, he remarked that the disease must have been of a vulgar nature, as none but the poor had perished. Whether the climate has any influence on the disease is, like everything else connected with it, a matter of uncertainty.

We think it unnecessary to give any more authorities, as no two travellers or physicians who have written on the subject, appear to agree in their statements. Some are of opinion that it is in spring that the plague is most deadly; others, again, that it is summer; a few have declared in the fall; and one mentions an instance, where, in the dead of winter, with four feet of snow on the ground, it swept off half the inhabitants of a populous town. Traditions on this subject are worthy of some attention, more particularly when they have passed down several centuries, and are firmly believed by the natives of plague countries; but while speaking of this disease, we would not recommend too much credence to be given to traditions, as at the best they are but doubtful authorities, and by trusting them too much, the public health might suffer. When we resided at Smyrna, the *pest* made its appearance several times among the people, and in every instance where it was traced from Constantinople, little or no attention was paid to it, as it generally terminated with those who brought it; but when the inhabitants were told it came from Syria or Egypt, they became much alarmed—the doors were closed, the houses cleansed, the food passed through water, all papers smoked, and all intercourse avoided. From this, it would appear that the Smyrnaotes, among whom this disease occurs so frequently, that hardly a year transpires without some "*accidents*," entertain an idea that when the *pest* comes from the north, it is not contagious; when from the south, it is. They also believe that when the contagion makes its appearance in spring, it will be destroyed by the heats of summer; when it commences in the fall, they anxiously look for the earliest frosts to put an end to its ravages. In all the instances which have come to our knowledge personally, these statements have proved correct. Well do we remember having once been confined for five and thirty days at our lodgings in Smyrna, and when this period was past, which was to us full of apprehension and suffering, fearing that by the negligence of our servants, by contact with a cat, or by our own inattention, the plague might be introduced in our dwelling, with what pleasure we hailed the approach of the festa of St. John, on the twenty-fourth of June. On the morning of that day all the windows were thrown up, all the houses opened for the reception of visiters, and all the Frank residents of the city were dressed in their best, and hastening to the Catholic churches to return thanks for their preservation. Seeing our neighbors lay aside all fear, we did the same, and when in the street we followed the crowd till it reached the entrance of the Austrian chapel, which was beautifully dressed in crimson damask, and lighted with silver lamps. When at the door we hesitated to enter; we feared that some one in the dense crowd before us might be clothed in the garments of death, and that those who were so anxiously striving to go in, to seek eternal life, might but be hastening to become the tenants of a tomb. Our fears overcame our wishes, so we turned and left—but as we went, we were told by an aged man, whom we judged had seen some seventy summers, not to fear, but to enter in and pray—that it was a festa day, and that St. John would ask of the Lord not to smite his chosen people. When he observed that we did not put so much faith in the Saint as many appeared to do, who were offering to the image their golden ornaments, were weeping, kneeling and praying, he remarked—"you, indeed, are heretics, and your fate will be like that of the Jews and infidels, who, you see, are groping their way in darkness around you." As this last remark was not at all of a persuasive nature, we left the old man and returned to our lodgings, with a hope that we should not suffer from his prediction, or from our exposure. We must do the Smyrnaotes the justice to say, that after the festa was past, the weather gradually became warmer, the violent symptoms of the plague disappeared, and in the course of a few days not a case of the disease was known to exist, either in the city or its suburbs. Should this sign of theirs ever fail, the consequences would be dreadful—the *pest* would be introduced into every dwelling, and every family might suffer by its ravages.

In taking leave of this subject for the present, we would recommend to the Smyrnaotes not to have so much confidence in their Saint, as he may deceive them; and when it is too late, they may be made aware of their error, and perish.

[To be continued.]

LETTER ON THE PARIS ACADEMY OF MEDICINE.

[Translated from a Paris Medical Periodical, and communicated for this Journal.]

The Academy of Medicine has no better friends than ourselves. We not only praise it, but blame and criticise it as occasion requires. This is the part of true friendship; *qui bene amat bene castigat.* The Academy is powerful; it has consequently many flatterers and courtiers, who find everything, that it says and does, right. It is desirable that some one should speak the truth, although, as it generally happens, it should take it in bad part.

One of its worst habits is that of not knowing how to employ its time. Of the two hours devoted to its session, it employs nearly one half in the communication of parts of its correspondence, and in the reading of a sham verbal process that an excess of zeal has foolishly transformed into a veritable full account. The verbal processes of Cuvier at the Academy of Sciences never lasted longer than five minutes. Those of the Academy of Medicine often continue more than a quarter of an hour. As to the other half of the time, it is rare that it is not absorbed by discussions entirely or almost idle; we say idle, because they bear neither upon points of science, nor upon practical facts, but have for their object either personal disputes, or the details of forms which the Academy ought to leave to the decision of its council. Genuine scientific conferences are very rare. What can be more useless than the interminable conversations which follow the reading of reports upon secret remedies, or upon some similar branch of academical labors, conversations generally without end, which the benevolence of the presidents allow to run at random without rule and without law! The presidents of our Academy are too apt to forget that they are in the chair not only to preside, but to govern. We must have liberty, but not anarchy; and it is not admissible that the liberty of speaking, or rather of prattling, should be the same in an academy as in a drawing room. These frivolous conversations run away with at least a third part of each session, and this time might be much better employed. How many important labors wait in vain for their turn to be presented, for months and even years! One would think that the admission of the public to the academical assemblies would be a favorable stimulant; but it seems to have had no other effect than to bring a love of noise and a desire of showing off, and to drive away those serious scientific habits, which require silence and a collected mind. The Academy of Medicine has become in this way, like many others, a stage where one goes to perform and be seen. This is not at all the spirit of these institutions. But this question is too serious a one to be touched upon cursorily. We shall only note this circumstance as one of the causes which provoke and maintain in the bosom of the Academy passions and interests which, to satisfy, takes away a great deal of time from scientific operations.

But this is not all. Our Academy not only expends nearly three fourths of its time in useless discussions and occupations, but loses the remainder in consequence of a habit not less blameable. This habit, which is particularly surprising to our provincial brethren who are introduced for the first time into the sanctuary of the Rue de Poitiers, is that of not listening. It is indeed entirely characteristic. It is only in the Chamber of Deputies that some distant analogy may be found. In other literary meetings, similar to those of the Institute, nothing like it is seen. We confess that in a great majority of cases what is said does not deserve to be heard. Inattention is then admissible, but not interruption. Silence, but not attention, is demanded. Be as weary as you please, it is the right of an academician; but be weary in a grave and peaceable manner. You are not asked to listen; this would be a piece of revolting injustice; but simply to allow others to hear. You may yawn, sleep, read your journal, make your notes; all this is lawful. This is practised in well-behaved academies. With us, noise is not an occasional occurrence, it is the normal state; and the bell of the president, which, in other academies, sounds but once, at the opening of the session, is in ours a sort of running accompaniment. On this account it does not obtain the slightest attention. It is only an additional sound in this mighty hubbub. It may be said that, excepting some rare cases, all the readings at the Academy are heard only by the reader. There is great inconvenience in this state of things. The person who occupies the tribune alone has the right to speak—his being there gives him that right. Silence is a still more imperative duty if the person who speaks is a stranger to the Academy; a warm welcome ought to be accorded to those who are freely admitted; and to fail in this is inexcusable ill manners.

The tone, the direction, the taste of the discussions are not less eccentric. Cries, shouts, interruptions, form their material and make the web. Heaven is our witness that we do not calumniate this our honorable Academy; it is a known fact that it is impossible to discuss there gravely, moderately, politely and regularly, at least on ordinary occasions. The exceptions are too rare to be quoted. A few days since, the body, in secret session, was so stormy that *they say* nothing like it was ever known in the memory of academicians; but, if they say this, it must be because the memories of academicians are peculiarly short, for nothing is more common than these events. At any rate, it appears that on this occasion, they went all lengths in words, and that the thing was stopped just as they were coming to blows.

Concerning the internal affairs of the Academy, its budget, its bulletin, and other details of finance and administration, we have nothing to say on the ground of discussion. But we groan at the exhibition which our honorable brethren make of themselves to each other.

In a word, what is especially wanting in the external affairs of our Academy, is a cool, dignified deportment. How is it possible to make others respect us, when we seem unwilling to respect ourselves? What authority will an academical decision have, when announced at the same moment with epigrams, puns, and shouts of laughter? How does our profession dare to pretend, among others, to the good opinion of the people, when the élite of the physicians of the capital show themselves thus in dishabille in public? how to speak of medicine as a sort of priesthood, when the priests are seen to abandon themselves to extravagances incompatible with decency, good taste, and the habits of good society.

We have left off the gown and sugar-loaf hat, and fancy that we have gained much in losing these absurdities; but we suspect that this gown and cap were not so vain and useless as is generally imagined. This costume protected, without doubt, the emptiness of some ignorant persons, and the insolence of various quacks; but, in general, the class of men who wore them were more grave, more circumspect, more reserved, than that which has succeeded it; for from making itself respected by its costume, it made the costume respected by its manners.

TEMPERANCE AND EXCESS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In my last, I represented our farmers in New England, beyond middle age, notwithstanding all that is said about their health, to be almost universally affected with liver complaints, stomach or bowel complaints, or rheumatism; and I insisted that these diseases were caused, to a very great extent, by excess of food.

One thing, at any rate, is certain, and it cannot have escaped the observation of any *observing* medical man, which is that these diseases prevail; and that it is so common to find them coupled with age everywhere, that they are regarded, by most people, as its infirmities. Many would smile at the idea that these infirmities of age, as they are gravely regarded, are often little more than the natural consequences of their dietetic errors. Yet what can be more certain?

But "the appetite," says your correspondent, "is a safe and competent guide. With nothing but plain fare, and substantial dishes, such as are found among our hardy yeomanry, there is no danger of healthy men killing themselves."

Let us see how this is. The military rations, in England, are a pound of bread and a pound of beef or mutton daily. In France they are a pound and six ounces of bread, and 8½ ounces of butcher's meat. Nor should it be forgotten how often it is that even this small allowance of meat includes a large amount of mere bone. To these substantials, however, they add, when they can get them for themselves, various other articles; but when nothing else can be had, this is supposed to be amply sufficient to maintain health and strength. What the rations of American soldiers are, I do not now recollect, but I believe they do not essentially differ from the above.

The miners and forgemen, in Dudley, England, are allowed a daily average of 18 ounces of bread, 7 of potatoes, 4 of meat, bacon or cheese, and 2 of oatmeal; amounting, of course, to 31 ounces of food. The 2 ounces of oatmeal is also frequently made into gruel.

Capt. Parry's men, in an excursion near the north pole, of two months' duration, had a daily allowance of 10 ounces of biscuit, 9 ounces of meat, and 1 ounce of cocoa powder; and there is no evidence that this was an insufficient supply of food, notwithstanding the extreme cold, and their exceedingly hard labor.

I might present, here, an account of the diet of workshops, penitentiaries, &c.; but to this there would be two objections brought; one that it is unreasonable to think of restricting people in health to prisoners' fare, and the other that prisoners usually need less food than other people, because they use less exercise. I will therefore content myself with adding, that many a person—to say nothing of such cases as that of Lewis Cornaro—has been well sustained, and that, too, for a considerable time, and at hard manual labor, on from twelve to twenty-four ounces of solid food, and four ounces of milk, a day ; nor do the best writers on this subject believe, that to secure the best health, in these circumstances, more than from one pound to one pound and a half of solid food, such as good dry bread, plain meat, &c., with, perhaps, four ounces of milk or eight of gruel, is desirable or even admissible. It is difficult, I know, to fix on any quantity which shall be exactly adapted to the circumstances and habits of all ; but I am fully assured that no soldier, sailor, farmer, or other hard laborer in the open air, can be found who has suffered any inconvenience, so far as health is concerned, merely for the want of food, when he has received his regular rations of two pounds, or nearly two pounds, of solid food a day. We may therefore set this down as the maximum amount of food, per day, which is compatible with the best health. What the minimum is—in other words, what is the least quantity, say of plain meat and bread, or of plain bread alone, on which a person can be sustained in the best permanent health—has not, I believe, been well ascertained ; because mankind are more concerned to eat as much as they can and not suffer, than as little as they can. I should not be greatly surprised to find, hereafter, should any fair experiments be made, that a quantity of solid food, as good bread, not much exceeding one pound a day, is better than a larger quantity, provided we are trained right, or having been trained wrong, can muster resolution and perseverance enough to reform ourselves. Not, of course, one pound of potatoes, or apples, or milk, or gruel ; for if the nutriment is less than in bread, the quantity must be increased.*

But admitting two pounds of solid food—the maximum—to be admissible, and all beyond that to be excess, how stands the case with our New England farmers? "The appetite," says your correspondent, "with them, is a safe and competent guide." Does he know whither this appetite—this safe and competent guide—sometimes leads? I know he has had opportunities for observation ; but has he had his eyes open? Does he know what enormous quantities of food are often swallowed—I will not say eaten, but swallowed, bolted at least—by our hearty farmers, as they are called, in twenty-four hours? Does he not know that where they have an abundance at all times—and such an abundance they generally have—especially in the winter, and at other seasons and times when their work does not "drive" them, they actually swallow double, nay even quadruple the quantity of food, in one form or another, which has been set down above as the maximum?

I have made some estimates, based on observation and experience, in regard to this subject ; and I find that the family of a New-England farmer, or other laborer, consisting, as families do, upon the average, of about five persons each, often consumes 33 pounds of food a day ; and that, too, under the direction of that guide which your correspondent has pronounced safe and competent.

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* I do not forget here, what every medical man well knows, that a person who has been exceedingly reduced by disease, will recover after the disease has left him, on the use of a much smaller quantity of food than is here named, say on ten ounces of bread in twenty-four hours, or a pint of milk, or two pints of gruel. But it should be remembered that here there is very little waste, so that the system, though debilitated greatly, does not require as much sustenance as that of the hard laborer.

Is such a conclusion startling? It is so to myself; and yet when I consider the facts from which it is deduced, I cannot come to any other. Indeed, I am sure it is quite within bounds. The potatoes and the milk used (allowing little more than a pint of the latter to each individual upon the average, and many families eat and drink a quart each, besides what they put into bread, pudding, cakes, tea and coffee) would of themselves often weigh fifteen pounds. Then there are the meat, the fish, the turnips, the bread, the cake, the hasty pudding, the butter, the cheese, the apples, the nuts, &c. &c. Remember, moreover, that there are not merely three meals a day to each person, but often four and sometimes five; and occasionally, with the children, even more than this. Allowing to each individual four meals only, including the luncheons, and the whole number of meals, taken in a day, would be twenty. Now 33 pounds of food a day, would be only about a pound and a half of food to each meal. What child, of any size, will not eat his pint of milk, if not his half a pound of bread, at each meal? But what father of a family who labors hard would be satisfied, except from sheer necessity, with anything like a pound and a half of the most solid food which could be presented, unless it were cheese or bacon, and these are usually eaten as condiments, rather than as principal articles.

What farmer is there, for example, who is really hungry, at noon, and sits down to a platter of boiled beef, pork, potatoes, turnips and carrots, accompanied by brown bread, rye bread, or wheat bread, and followed by boiled Indian pudding, with cream, butter and molasses, and a little cheese, who does not eat eight ounces of meat, a pound of potatoes, a pound of turnips or carrots, a pound of pudding, and half a pound of the other accompaniments; to say nothing of bread—of which it would take but a few such mouthfuls as farmers bolt down, to make up half a pound. Now here are four pounds of food eaten at a single meal, leaving out the bread; and no one who ate this would suspect himself of excess, as the custom is. But this repeated three times a day, would be twelve pounds. If the mistress of the family and the children should, upon the average, use but half as much, each, the amount a day would considerably exceed thirty-three pounds.

Again, at supper, suppose the master of a family eats four ounces of flesh meat, one pound of potatoes, a pound of bread or bread and hasty pudding, four ounces of cheese and butter, a pound and a half of milk, and half a pound of some sort of pie—and I can assure my readers, and your correspondent in particular, that such suppers are not uncommon—this would be four pounds and a half. I think that breakfasts, including, as they often do, a pound or so of solid mince pie, and a pound or two of "hash," would fall a little short of the dinner or the supper, in point of weight or quantity; but then we must not forget the luncheons, the apples and the nuts; nor the milk drank from time to time during the day.

I say again, therefore, that startling as the conclusion may be, that many of our "full" agricultural families of five persons consume 33 pounds of food a day, and the male adult laborers at least 10 or 12, I am confident facts will sustain it. However, to prevent any possibility of exaggeration, let us reduce the quantity one fourth. This still leaves to an adult laborer 9 pounds of food a day. Is not this, on the most liberal allowance, four times as much a day as should be eaten?

Will it still be said, despite of all this, that there is no excess in the community? that "the appetite is a safe" and "competent guide?" that there is no danger of erring either "in the quantity or the quality" of food? that our people "give themselves up to the impulses and checks of nature, and are not betrayed?" &c.

But I will pause here; for I hope to have a further hearing, and therefore ought not to be tedious. There are several topics which, for humanity's sake—not solely for my own sake—ought to be discussed; and for which I know of no place (beyond the limits of my own periodical, the "Library of Health") more appropriate than your Journal. "The best part of the medical art is the art of avoiding pain," was the motto of Dr. Coffin, your predecessor, in his Medical Intelligencer; and who will say that to prevent the consumption of four times as much food as is necessary, would not be to follow out the spirit of the doctor's motto, and to fulfil a most praiseworthy end of the medical profession?

Dedham, Dec., 1839. Yours, &c. WM. A. ALCOTT.

SMALLPOX.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Thirty-eight years ago I was inoculated for cowpox from matter obtained from Dr. Waterhouse. Thirty-four years since, an inhabitant of Northboro', county of Worcester, returned from New York indisposed, and shortly afterwards came out with smallpox. At that time vaccination was not much practised, and as his own family and others in the district were exposed to the disease, the authorities ordered an inoculation for smallpox of all who had been and were exposed. To test the preventive power of cowpox, I visited this little hospital, and took with me two others whom I had previously vaccinated at different times; and we procured ourselves to be inoculated by the attending physician from the body of the man who died a few days afterwards of confluent smallpox. The punctures in our several arms inflamed slightly in about twenty-four hours, and in five or six days subsequently terminated in an irregular scab, which fell off, leaving no mark. Since then I have treated the disease as it prevails now at many different times, and am familiar with its appearance in the unprotected, in those who have had cowpox, and in those who have had natural smallpox, and smallpox by inoculation.

How cowpox should be a preventive of smallpox in any instance, or why smallpox should be modified by cowpox, I do not pretend to know. But it is strange that smallpox—the most cruel, loathsome and deadly of all diseases derived from specific infection—is not a security against a second attack of the same disease. It is a singular departure from the laws that uniformly govern other diseases which are propagated, we *know*, by specific infection. Measles may be confounded with other exanthematæ which similate it; mumps with incidental inflammation of the parotid glands; hooping cough with bronchitis; chickenpox with mild or mitigated smallpox; and the strong resemblance between the latter induced Thompson, in his treatise on smallpox, &c., to affiliate smallpox, varioloid and *chickenpox*. But these mistakes, to an experienced eye, will so seldom happen as to furnish scarcely an exception.

My own opinion is that smallpox, *as it exists now*, is as distinct from the "regular smallpox" described by Sydenham and the earlier writers, as is chickenpox from varioloid; that the smallpox of the present time is described by Sydenham under the name of "anomalous smallpox." A history of the same disease was written by Rogers (if I mistake not), as it prevailed in some part of Ireland, and again by some one (name not recollected) in India. "Regular smallpox," as described by Sydenham, was a pustular disease, accompanied with phlegmonous inflammation. I suppose cowpox to be a certain preventive of this disease; and since the almost universal introduction of cowpox, that pustular smallpox is among "the things that were"—that it does not, in fact, exist at this time.

The smallpox of this day is a vesicular disease, and the accompanying inflammation is erysipelatous—a distinct disease, and requiring medication and management quite different from the approved method of treating "pustular smallpox." If this hypothesis be correct, it does away entirely many perplexing doubts and embarrassments. And these suggestions, I hope, will induce others of more leisure and better means to re-examine the earlier authorities, comparing their descriptions and histories with what is passing now under our own eyes.

Springfield, Dec. 30, 1839. Respectfully, your obt. servt.
JOSEPH H. FLINT.

P. S.—I need not mention that I have written hastily, and from recollection, in my references. I had prepared a paper on this subject some years ago, with more care; and though I cannot charge my dog "Diamond" with misconduct, the paper, by accident, got into the fire. I fear you will think it gave more light in that way than it would in any other. If you can make use of the above, it is at your service. And if you will pardon my troubling you with *hasty sketches*, I will feel much obliged. J. H. F.

SPINAL IRRITATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It would be gratifying to see the disease denominated spinal irritation, discussed in your Journal. It is one becoming very common in this region, and I believe more or less prevalent over the country at the present day. It has fallen to my lot to see much of it for the last five years. I have at the present time no less than eight cases on hand, some of which are severe. I have been much perplexed with this disease, finding some of my patients hard to cure. The patients that have fallen into my hands have generally been females, and those that have borne one or more children, although not unfrequently I have witnessed it in men.

Hoping that some of your able correspondents, who have had experience in this disease, will take it up, and discuss it at large, I leave it for the present, by propounding the following question. What is the nature, the principal causes, and best mode of treatment, of spinal irritations ? Respectfully yours,

West Amesbury, Dec. 25th, 1839. BENJ. ATKINSON, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 8, 1840.

DR. DUNGLISON'S INTRODUCTORY LECTURE.

IT is absolutely amazing how much a person may accomplish by an economical arrangement of time. It seems but a few years since we saw the name of Dr. Dunglison in the catalogue of professors attached to Mr. Jefferson's University, as it was then called—who selected, in Europe, such persons as were esteemed the best qualified to sustain the school of learning to which the last days of that great man were devoted. Next, the Professor was taking a prominent lead in the medical department of the University of Maryland—and next, meteor like, the position which he sustains in the Jefferson Medical School, at Philadelphia, equally redounds to his honor and a wide-spreading reputation. All the while, book upon book has been ushered into being, with such rapidity that it would seem that no other business could have been conducted with order or satisfaction, while these were on the tapis. Such are a few of our own recollections of the course of the author of an introductory discourse, delivered before the medical class, at the opening of the lecture session, in November, at the Jefferson Medical College.

This address seems not to have been written with a view to publication —but merely as an opening process, by which he introduced himself, officially, to the students. They, however, felt that its claim was higher than did the author, and in a spirit of unanimity, creditable to the discretion of the class, requested permission to put it to press. Some parts of the lecture are really beautiful; others excite our risibility—and then comes in, appropriately, the solemn lessons which are to exercise the mind of the practitioner through life.

" I have mentioned that the result of your professional studies, and I may add, ultimate success, will depend greatly on your own exertions. The remark that every man of eminence in science is self-made, is indisputably just. Natural endowments may communicate a facility of conception and execution ; yet commanding distinction is only to be attained by well-directed, sustained, and strenuous efforts. The feeling prevalent amongst the vulgar, that a knowledge of medicine comes by nature, is passing away—strange that it should ever have existed—and it is now almost universally conceded, that nothing but a sedulous cultivation of the powers of observation and reflection can render an individual familiar with the intricate mechanism of man in health and in disease; in short, with that which has been properly regarded and described as 'the most inductive of all sciences.'"

Here is a specimen of the doctor's tact for relating a good anecdote.

"The story related by Dr. Moore, of the French student of medicine, which is the prototype of many similar anecdotes, is not an overdrawn picture of the mode in which experience must have been registered in days of yore, and, I fear, is not wholly without its application in the present day. 'A French student of medicine lodged in the same house, in London, with a man in fever. This poor man was continually teazed by the nurse to drink, though he nauseated the insipid liquids that were presented to him. At last, when she was more importunate than usual, he whispered in her ear—'for God's sake bring me a salt herring, and I will drink as much as you please.' The woman indulged him in his request; he devoured the herring, drank plentifully, underwent a copious perspiration, and recovered. The French student inserted this aphorism in his journal: '*A salt herring cures an Englishman in his fever.*' On his return to France, he prescribed the same remedy to the first patient in fever to whom he was called. The patient died; on which the student inserted in his journal the following caveat: '*N. B. Though a salt herring cures an Englishman, it kills a Frenchman.*' '"

There is good sense in the following paragraph.

"Yet, gentlemen, although we are amazingly improved in our habits of noting and registering facts, I am not sure if the more modern methods of observing are not calculated, with all their advantages, to be productive of some evil. The school of Louis, to which we owe many excellent monographs on individual diseases, urgently impressing, as it does, upon the tyro, the necessity for the most careful observation of the phenomena presented by disease, is apt to leave the impression that this is all the practitioner needs, and to convey the too exclusive idea, that self-observation is alone necessary to make the accomplished pathologist and physician—an ideal rock on which the profession has struck for ages, and which has greatly retarded the onward course of medical science."

Should opportunity present, further drafts will be made upon the pages of this address, which shows that the author is always at home, in all occupations and locations.

Crania Americana.—We have felt so much interest in the work of Dr. Samuel G. Morton, of Philadelphia, bearing the above title, that no reasonable opportunity has been allowed to pass by, without reminding those who acquaint themselves with the progress of science, that they should encourage the author in every possible manner in their power. Within a few days, several hundred copies have been sent out, in a state of completion, fully equalling the expectations of Dr. Morton's friends. One hundred copies were shipped to London as soon as they were taken from the binders. Only three hundred more, says a correspondent, were published—a part of which were placed on board the brig Palmer, destined for this port; but unfortunately for the owners, and particularly so for subscribers at the north, the vessel was wrecked on the passage, and every volume of this splendid production of Dr. Morton's best years, was sunk in the ocean. Mr. Combe, with whom we were conversing on the subject of the author's researches, spoke of the undertaking in terms of admiration. He seemed to consider that it was one of the most important which had emanated from the American press. It is beginning to be an inquiry—whether there is any mode of supplying the reading community with another set of books. The price originally fixed upon was twenty dollars. When the numerous and difficult plates are carefully examined, no one will presume to assert that it is a dear book: on the contrary, it is so reasonable that every library, making pretensions to character, in the whole country, should endeavor to obtain it.

Medical Examiner.—The third volume of this Journal, published in Philadelphia, commenced on the 1st inst. During the past year its reputation and worth have continued to increase. It has in the editorial chair some of the ablest and most energetic of the scientific youth of Philadelphia. During the past year it has published several letters from correspondents in Europe, whereby we have been brought in almost immediate contact with the men of the old world. Many curious and useful articles have appeared in it from the pens of Drs. Gibson, Gerhard, Pennock, Stewardson, &c. We recommend it to our readers. Dr. H. I. Bowditch, of this city, is the agent for Massachusetts. Terms, $5,00 per annum, in advance. Published weekly.

Apparatus for the restoration of Club-feet.—A correspondent assures us that Dr. J. B. Brown, Director of the Orthopedic Infirmary, in this city, has operated upon five club-feet during the past week. Many of our senior surgeons and physicians were present, and speak highly of the skill of the operator and of the beauty of his apparatus, which is extremely ingenious and complicated. It appears to fit easily upon the limb, and to produce little inconvenience. The pressure is graduated by turning a key, and may be varied in any direction and degree the case may require. It appears to be adapted to all varieties of the deformity, as the different parts are so constructed that a pressure may be produced in contrary directions at the same time, as the nature of the particular case may indicate. We understand that Dr. Brown has obtained, or is about to obtain, letters patent for his ingenious apparatus. His great success in these operations is undoubtedly to be attributed much less to his mode of dividing the tendons, than to his adaptation of apparatus in the subsequent treatment.

Ohio Lunatic Asylum.—The first annual report of this institution is before the public. Dr. Woodward, of Worcester, and the Superintendent, have done us a favor in sending copies to the Journal, and another week some extracts may be made to show the progress of humanity at the West. Dr. Awl, the Superintendent, is extensively known throughout the West for a vigorous intellect, and an unwearied devotion to the highest and most responsible duties of the practice of medicine. From the knowledge, therefore, which we have of the character of the author of the report, we shall read it with the more interest.

Petition respecting Vaccination.—The Provincial Medical Association, in England, have circulated, for signatures, a petition to Parliament, on the subject of inoculation and vaccination. They pray that smallpox inoculation may not be permitted by any one who is not duly qualified to practise physic and surgery—and with regard to vaccination they say, "that it appears to your petitioners to be the duty of the State to appoint regularly-educated vaccinators, with suitable salaries, in districts sufficiently numerous to embrace the whole of the poor population of the country, and who shall offer gratuitous vaccination at stated periods to all within their bounds, keeping accurate registers of their proceedings, and communicating regularly with the national vaccine establishment; that under such a system, duly organized and vigilantly executed, your petitioners have the strongest reason for believing that smallpox would be effectually restrained, and soon become almost unknown."

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1839. Decemb.		THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
		Sun r.	2, P.M.	Sun s.	Sun r.	2, P.M.	Sun s.			H'st	L'st	
1	Sun.	33	40	36	29.63	29.60	29.58	N E	Cloudy			
2	Mon.	38	39	34	29.60	29.62	29.60	N E	Cloudy			Light snow in the night.
3	Tues.	34	34	34	29.58	29.50	29.50	N E	Snow			
4	Wed.	36	44	44	29.48	29.40	29.35	N W	Fair			Cleared off at 8 o'clock, A. M.
5	Thur.	40	53	49	29.46	29.45	29.49	N W	Fair			Light shower in the evening.
6	Frid.	41	51	50	29.50	29.51	29.50	N	Fair			Very pleasant day.
7	Satur.	36	44	42	29.50	29.47	29.47	N	Cloudy			Moderate rain.
8	Sun	40	39	42	29.42	29.36	29.27	N	Rain			Foggy morning—severe rain.
9	Mon.	40	42	43	29.10	28.83	28.72	N E	Cloudy			Foggy day, great rain at night.—[Barom. fell to 28.47.
10	Tues.	33	40	38	28.99	29.06	29.10	S W	Fair			
11	Wed.	28	40	37	29.22	29.25	29.26	S W	Fair			Very pleasant day.
12	Thur.	35	38	38	29.00	28.74	28.75	N W	Fair			Snow and rain in the night.
13	Frid.	34	33	34	29.09	29.16	29.21	N W	Fair			High wind—snow squalls.
14	Satur.	28	36	35	29.46	29.47	29.46	N W	Fair			Indications of storm.
15	Sun.	28	31	33	29.10	28.74	28.55	N E	Snow			Great snow storm. Rain in even.
16	Mon.	28	28	28	28.70	28.86	28.92	N E	Snow			Snow storm continued 40 hours. [18 inches snow fell.
17	Tues.	24	26	2[illegible]	29.20	29.23	29.25	N W	Fair			
18	Wed.	16	26	26	29.22	29.29	29.29	N W	Fair			
19	Thur.	6	18	16	29.31	29.35	29.35	N W	Fair			
20	Frid.	9	19	18	29.40	29.39	29.39	N W	Fair			
21	Satur.	16	27	24	29.40	29.46	29.45	N W	Fair			Very pleasant day. [High wind.
22	Sun.	13	24	23	29.50	29.40	29.30	N	Fair			
23	Mon.	24	26	26	29.07	29.08	29.13	N E	Snow			Storm commenced at 7, A. M.
24	Tues.	28	35	33	29.30	29.31	29.31	N	Cloudy			Light snow in the evening.
25	Wed.	23	30	29	29.35	29.40	29.40	N W	Fair			Very pleasant day.
26	Thur.	15	30	27	29.55	29.60	29.61	N W	Fair			
27	Frid.	22	29	27	29.67	29.63	29.56	N W	Cloudy			Snow storm commenced at 4 P.M.
28	Satur.	32	37	35	28.47	28.25	28.22	S E	Rain			Storm continues, rain, high wind.
29	Sun.	25	26	22	28.42	28.47	28.50	W	Fair			Snow squalls—high wind.
30	Mon.	10	14	12	28.90	28.99	29.09	N W	Fair			High wind.
31	Tues.	8	16	16	29.47	29 53	29.55	N W	Fair			

The month of December, particularly the last part of it, has been cold and stormy. An unusual quantity of snow has fallen, amounting to from two to three feet in this vicinity.—The storm of the 15th commenced at New Haven at 7 o'clock, Saturday evening; at Worcester at 1 o'clock, Sunday morning; at Boston at 4 o'clock; and at Portland at 6 o'clock.—Range of thermometer, during the month, from 6 to 53; barometer, from 28.22 to 29.67.

To Correspondents.—An obituary notice of the late Dr. I. Smith has been crowded out this week.—We hardly think Medicus's charge of plagiarism sufficiently sustained to render advisable the publication of his communication. It would be no easy matter to give the characteristics of a disease which has been described by so many authors, as the one referred to, without using the expressions of some of them—though perhaps the better way would have been to mention the source, in this case, from which most of the paragraph was taken.

Erratum.—In Dr. Chadbourne's first case, page 289, for 14 years old, read 34 years.

Died,—In Holliston, Ms., Charles Cutler, M.D., of New England Village, 25. —In Somers, Ct., Dr. H. A. Hamilton, 43.

Whole number of deaths in Boston for the week ending Jan. 4, 29. Males, 14—females, 15.

Of consumption, 5—smallpox, 10—inflammation of the stomach, 1—dropsy on the brain, 1—scarlet fever, 2—insanity, 1—quinsy, 1—inflammation of the larynx, 1—typhous fever, 1—apoplexy, 1—fits, 1—erysipelas, 1—debility, 1—throat distemper, 1—stillborn, 4.

VERMONT MEDICAL COLLEGE.

The next annual course of Lectures at this Institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Chemistry and Materia Medica, by David Palmer, M.D.
Theory and Practice of Medicine and Obstetrics, by Henry H. Childs, M.D.
General and Special Anatomy and Physiology, by Robert Watts, Jr., M.D.
Principles and Practice of Surgery, by Gilman Kimball, M.D.
Medical Jurisprudence, by Hon. Jacob Collamer, A.M.
Pathological Anatomy, by Robert Watts, Jr, M.D.
Demonstrator of Anatomy, Samuel W. Thayer, Jr., M.D.

Terms for the course, $50.—Graduation, $18.—For those who have attended two courses, but do not graduate, $10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in this village, on reasonable terms.

The new edifice, with large, convenient, and comfortable lecture rooms, will be in readiness for the reception of the class the next term.

By order of the Board of Trustees,
Woodstock, Vt., Jan. 3, 1840. J. 8—eoptM15 N. WILLIAMS, Secretary.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by Joseph Roby, M.D.
Theory and Practice of Physic, by John Delamater, M.D.
Obstetrics, by Ebenezer Wells, M.D.
Chemistry and Materia Medica, by Parker Cleaveland, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is $50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. P. CLEAVELAND, *Secretary.*
Brunswick, Me. Nov., 1839. N 27—eop6t

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructers.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

Anatomy.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

Surgery.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

Chemistry.—Recitations and instructions by Dr. Storer.

Physiology and Pathology.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

Midwifery.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

Theory and Practice of Medicine, Clinical Instruction, and Materia Medica, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
Boston, Nov. 20, 1839. eplmeop6m D. HUMPHREYS STORER,
OLIVER W. HOLMES.

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price—in pocket-book form, $1; in cloth binding, 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents. Dec. 11.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

VOL. XXI. WEDNESDAY, JANUARY 15, 1840. No. 23.

SIR B. BRODIE'S CLINICAL REMARKS ON ULCERS.

I SHALL make but a few general observations upon ulcers, as I shall have to speak to you at large upon some of the particular species of these morbid degenerations of structure. It is somewhat difficult to give a correct definition of what an ulcer really is. We say that a part is ulcerated, when some portion of the solid structure is absorbed, and the exposed surface presents a suppurating aspect. Internal ulcers, as they are sometimes termed, come more particularly under the care of the physician; but, as I have just said, ulcers on the external surface of the body, not depending on any poison as a cause of their presence, are very difficult to describe in words, on account of the great variety that are presented to the observation of the surgeon. I will first, then, speak of

Healthy Ulcers.—These are such as may be caused by the application of caustic, or from an incision made with a knife. These ulcers secrete a thick, white pus, of the color of cream; the granulations are small and pointed, and of a florid red color. Generally speaking, a healthy ulcer will heal of its own accord; but it is generally necessary to apply some simple dressing to it, and place a roller over this, as it will prevent its scabbing. When the ulcer is of a large size, you will heal it best by the application of stimulants. These substances vary, but they have all one common purpose. They are generally used in the form of diluted nitric acid, or a solution of the sulphate of copper, or sulphate of alum; but, perhaps, none are so efficacious as a solution of nitrate of silver, in the proportion of two grains to one ounce of water. There is very great discretion necessary in the application of these stimulants. The ulcer may be over stimulated, or the reverse may be the case. When the ulcer is of a large size, its cicatrization may be promoted by gently purging the patient, and applying straps of adhesive plaister to the ulcer. An ulcer in the neck, caused by a burn, will heal; but if great care is not taken, the cicatrix will contract, and the chin will be bound down to the sternum. This, of course, causes great inconvenience to the patient, and you may, perhaps, imagine that the relief is very easy, and say, "cut across the cicatrix"—aye, aye, you may cut across the cicatrix, if you like, but it will form again, and become still more contracted. It was in such cases as these that the late Mr. Earle proposed to dissect out the cicatrix and bring the parts together in such a manner that the contraction shall not be productive of any inconvenience. I have performed this operation of excising the cicatrix in several instances; but I cannot say that I have ever been perfectly satisfied with the result. There are some appearances which ensue after burns, and which very much resemble ulcers, but they are not ulcers in reality; these are best treated by sprinkling a little powdered prepared calamine on them. There are some ulcers which do not heal very readily; this generally results from weakness of parts. In such cases the granulations are large, and grow very rapidly; they are pale in appearance, and possess but little vascularity, whilst their surface is soft, spongy, and very irregular. Now, in such a case as this, you must restore the strength of your patient's constitution, by giving him bark and such other tonics as he requires. You will do much in this way, but you will do more by attending to the local treatment of the ulcer. If you find the granulations grow above the surface of the skin, you must touch them with the solution of the nitrate of silver, or with the oxidized ointment of the nitrate of mercury, and strap it with adhesive plaister. If you find an ulcer become very irritable, you may make pressure on it with adhesive plaister and a bandage; this is an old but very excellent way of treating these cases. The adhesive plaister should be spread on cloth and cut into strips an inch in breadth. Apply one strip some distance below the wound, the next half way over the first, the next half way over the second, and so on, till you have arrived over the ulcer. Take care that the pressure is equal; much pressure is not needed in these cases. When there is much discharge, the adhesive plaister should be changed daily; when there is not much, every other day will be quite sufficient.

Indolent Ulcers.—You will meet with these most frequently in the leg. They generally occur a little below the level surface of the skin, have no granulating surface, and the discharge from them is not of pus, but of flakes of coagulable lymph. The edges of the surrounding skin are thick, prominent and smooth, on their upper surface. If such an ulcer as this comes under your care, put your patient to bed, apply fomentations and poultices, and, when the inflammation has subsided, apply some adhesive plaister to the ulcer, with a roller over it. Or you may, if you please, use some stimulating ointment to the part.

Sloughing Ulcers.—These are ulcers that spread partly by suppuration and partly by absorption. They are attended by considerable pain and surrounding inflammation, and the discharge from the ulcerated surface is very copious and offensive. These ulcers cause great constitutional disturbance. The pulse becomes quick, the skin is hot and dry, and the tongue furred. In treating such an ulcer, you must first ascertain what the constitutional cause may be, whether it may arise from the internal irritation of mercury or any other poison in the system. The patient should be kept in a perfect state of quietude. When there is much pain, and a line of limitation between the sloughing and healthy surface shows itself, you will find that the internal use of opium in the dose of from four to five minims of the tincture will prove of great service. There are some of these cases which are benefited by bark. When the ulcer is not very painful, and the pulse is feeble, you will find the tonic plan of treatment to be the best. When there is a great deal of sloughing, and the skin is dry and hot, you will aggravate the disease by giving stimulants. You must, in such a case, take blood from the arm, which you will find has the buffy coat; with this you must combine purgatives and diaphoretics. The local treatment may consist of cold applications, or the white way ointment, or the chlorate of soda; but I would particularly recommend to you the compound tincture of benzoin. To apply this, dip a piece of lint in the tincture and apply it over the ulcer, and prevent it from evaporating, by putting dry lint over it. When the sloughing has stopped, merely wash the parts with the tincture, and apply adhesive strapping over it. There is no general rule of treatment, for according to the external appearance of the ulcer and to the constitutional disturbance of the system, so must be the remedies. Another mode of cure is to stop the sloughing of the ulcer, by applying the concentrated nitric acid to it; but I prefer the mode of cure by the compound tincture of benzoin. In France they use the actual cautery to these ulcers.

Irritable Ulcers.—These generally begin in the form of an eruption, terminating in an ulcer, which is extremely painful, and sometimes bleeds, and has jagged edges. The chief characteristics of this species are, extreme pain and a great indisposition to heal, and their depending upon a cachectic diathesis of system. Different cases require different treatment. The most general mode of treating these ulcers is in exhibiting small doses of mercury with the decoction of sarsaparilla. Sometimes the digestive organs are affected, and then you must give bitters. You must bear in mind that these ulcers always depend upon a cachectic state of constitution. The local application may consist of a carrot poultice, with one drachm of the extract of hemlock beat up with it. In some cases Peruvian bark may be applied in powder to the ulcer. Stimulating ointments are sometimes beneficial, whilst at other times they are injurious. The difference between sloughing ulcers and irritable ulcers is this, that the former affect the constitution, and cause the disturbance, whilst the latter are caused by the cachectic state of the constitution.—*Lancet.*

GANGRENE OF THE LUNGS—BRONCHITIS—PHTHISIS.

FROM THE CLINICAL LECTURES OF DR. W. W. GERHARD, PHILADELPHIA.

I SHALL now show you some cases of gangrene of the lungs, and bronchitis, the symptoms of which more or less resemble those of phthisis, and the diagnosis becomes, therefore, frequently difficult.

Gangrene of the lungs is by no means a frequent disease; it is oftener met with in hospitals than in private practice. It resembles phthisis, inasmuch as it produces softening of the pulmonary tissue, and, consequently, the formation of cavities. It differs from it in the fetor of the breath, and expectoration. The local signs, at the commencement of the disease, are imperfect.

The causes of gangrene of the lungs are cold, an epidemic tendency of the atmosphere, intemperance, and depressing circumstances generally.

In most cases, it arises from direct exposure, but sometimes it comes on gradually, and appears to be part of a general disease; that is, it depends on a vitiation of the fluids, in the same way with dry gangrene, of which I have shown you an example.

Case.—The patient is a boatman forty years of age. He had enjoyed good health till about two months before his entrance into the hospital. At that time, being engaged at his occupation on the Schuylkill, he fell into the river, and was with difficulty saved from drowning. He felt extremely cold, and could not speak for twenty minutes, but no sign of active disease followed for two weeks, other than feebleness and chilliness. Then a cough began, accompanied by pain in the lower part of the right axillary region; the sputa have never contained blood, and have been fetid from the beginning; appetite has been bad throughout; the patient continued to work regularly until November 30th; but since that time he has been unable to perform any kind of labor. The treatment, previously to his entrance into the hospital, consisted of venesection, and the application of a blister to the right side of the chest.

The patient was admitted December 6th. At that time the symptoms were as follows: slight emaciation; a dusky hue of the skin; slight flushing of the face; dilatation of the nostrils; skin warm; pulse 140, thrilling, moderately resisting; respiration 22, high and labored; expectoration thick and homogeneous, of a dirty, grayish color, and very fetid. On the right side, anteriorly, respiration vesicular throughout, with traces of the mucous râle, hurried and harsh at the summit of the lung. On the left side, vesicular, with traces of both mucous and sonorous rhonchi. *Posteriorly*, on the right side, vesicular in upper lobe, hurried, and very feeble; in lower lobe, scarcely any vesicular sound; at the upper part, deep-seated, cavernous respiration, and imperfect pectoriloquy. Percussion gives a flat sound in the lower two-thirds of right side posteriorly; clear anteriorly. The signs, therefore, indicated a cavity in the lower lobe of the right lung, with an engorged condition of the surrounding tissue, accompanied by pleurisy. The treatment has consisted in the use of chloride of soda, given in doses of twenty drops four times a day, with nourishing diet. Quinine, porter and brandy are often necessary; the indications being to correct the fetor of the breath and expectoration, and support the system, while nature effects the elimination of the gangrenous tissue. A number of palliatives, as opiates at night, will doubtless occur to you; but you should be sparing of depletory measures; they are rarely necessary, except when there is severe pleuritis near the gangrene; and these should be limited to local bleeding, or still better, to blisters.

Gangrene of the lungs is to be distinguished from phthisis by these circumstances; it usually begins suddenly, and runs its course rapidly; the skin presents a more decided dusky hue in gangrene, than in phthisis; and the breath and expectoration are always fetid from the commencement of gangrene. The prognosis of the two diseases is also very different. In gangrene it is not necessarily unfavorable; from one third to one half of the cases recover; in phthisis, on the contrary, our prognosis is almost always unfavorable after a cavity is formed. When gangrene tends to a favorable termination, recovery generally takes place in a few weeks. Any improvement in the symptoms of phthisis, on the contrary, is very gradually effected.

There are two kinds of expectoration met with in gangrene of the lungs. The most common is blackish, and resembles an inky sediment. The other kind, of which we have an example in the present case, is a grayish, frothy fluid, having some resemblance to yeast, with a fetid odor, which you may perceive is like that of putrid oysters. This, though the least common, is the most favorable variety of sputa. It is generally discharged in very large quantities—amounting, sometimes, to a pint or a quart daily.

I have frequently described, in my lectures, the progress of cure in gangrene. When the sphacelated portion is thrown off, a cavity is formed, lined with the usual pus, secreting false membrane, which gradually assumes the character of a mucous membrane. We shall watch the progress of this case, and keep you informed of the result.

The next case is one of bronchitis. The patient is a laborer, aged 35 years. He entered the hospital on the 2d inst., having been ill for two weeks. He was seized with cough, and pain along the sternum; in the course of a week he began to expectorate a muco-purulent matter, containing no blood; during the most of the time he has been confined to bed. These signs indicate an acute disease, which might be mistaken for the acute form of phthisis. It is distinguished from it, by the absence of the irritable, jerking pulse of phthisis, described in our last lecture, and also, by the absence of the local signs of tubercular deposition. Thus there is no flatness on percussion under the clavicles; and the mucous rhonchus is heard in the sound of respiration throughout the lower lobes of both lungs. But though bronchitis is thus distinguished from phthisis in the commencement, both by the general and local signs, yet it is very apt to terminate in the latter disease, and we ought always to anticipate such a result when it is prolonged, and occurs in young persons.

The next case is a complication of phthisis and bronchitis. The patient is a boatman, 38 years of age, of intemperate habits. He has been sick for three months, and unable to work during the whole of this time; his illness was caused by falling into the canal; the next day he was seized with shivering and cough, accompanied by pain; the expectoration consisted of mucus mixed with pus, but no blood. On the 4th inst. he entered the hospital, and the symptoms were as follows: There was abundant mucous rhonchus throughout both lungs, passing in certain portions into the sub-crepitant, while at the summit of the left lung, the percussion is dull and the respiration extremely bronchial. There is a quick irritation, some emaciation, and a dry, husky skin. The sputa, although not nummular, are more purulent than is usual in cases of bronchitis. The dyspnœa is much greater than in most cases of phthisis or uncomplicated bronchitis.

This case began in the form of bronchitis: phthisis was developed subsequently, and the two diseases are now co-existent. This state of things is of frequent occurrence, particularly at advanced periods of life.

At an early age, when phthisis is developed in the course of a bronchitis, it is apt to commence more suddenly, and run its course more rapidly than in the present instance. The patient, you perceive, is but slightly emaciated, and will probably get comparatively well; that is, the disease may continue for years with slight cough, &c., but may not shorten the patient's life; the cavity in the lung remaining, but lined with a healthy membrane. I have known several cases of such comparative recovery, from this form of disease; the chances of long life are not afterwards apparently affected by it.

You will now understand that phthisis pulmonalis may commence in several different forms:

1. It may commence *slowly and gradually*. This is the most common mode of origin, and is generally met with in cases where the tubercular diathesis is hereditary. The first symptoms of the disease are slight cough and expectoration; the local physical signs are not present until a more advanced stage.

2. Phthisis may arise from *inflammation*. This variety is most common in robust persons, and is likewise, in most instances, dependent upon a hereditary predisposition, which imparts to inflammation a tendency to terminate in the formation of tubercles. The most common seat of the inflammation preceding phthisis, is some one or other of the serous membranes; and the tubercles may at first be deposited either in the serous membranes alone, in the lungs, or in both. The mucous membrane of the bronchial tubes may likewise be the seat of the inflammation; but phthisis beginning in the latter way, is more commonly met with in old persons, than that which begins by the serous membranes.

Inflammation performs two distinct parts; in the one it is properly the cause of the tuberculous deposition which may occur some time after the inflammation, or take place during the progress. In the second, the secretion of tubercle is attended with an acute inflammatory action in the organs, but the cause of the tubercles cannot be said to be the inflammation which attends their secretion.

3. The *hæmorrhagic* variety. In this, hæmoptysis, whether preceded by a violent effort or not, constitutes the first symptom.

But these different forms of phthisis, though differing so much in their origin, after a certain period present the same character; they are all attended by emaciation, cough, expectoration consisting of pus and softened tubercular matter, hectic fever, and all the other signs which mark the more advanced stage of the disease. The progress of phthisis is most rapid when produced by inflammation of the serous membranes, especially in young subjects; it is less so when preceded by bronchial inflammation. The hæmorrhagic variety is likewise rapid in its course; the slowest of all is that which is constitutional and hereditary. All of these forms are liable to be confounded with other diseases; thus, the first may be mistaken for simple serous inflammation; the second for bronchitis; the third for hæmorrhage arising from other causes.

We might multiply the varieties of phthisis almost to an indefinite number, but the preceding are the most important, and may be considered as the landmarks in the study of the disease; under one or other of these classes, all other forms may be included. There are, likewise, other tubercular affections, not commencing in the lungs, and only implicating them secondarily; but phthisis pulmonalis is by far the most frequent form in which the tubercular diathesis developes itself.—*Med. Examiner.*

BITE OF A LIZARD.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—As I have not opportunity to examine the classification of *venomous* reptiles of the United States, I have copied from my diary the following singular case of the bite of the large *green spotted lizard*, so called. The case involves a question for the naturalist, rather than the physician. It is therefore submitted to your decision, whether its publication in your Journal may not elicit some new light of a scientific, if not practical nature. As the symptoms are entirely abnormal, partially tinctured as they were with those of a tetanic character, I shall give them precisely as they were noted at the time, and leave others to their own pathological inferences.

On the 31st of Aug., 1836, I was called to a little girl, 13 years of age, the daughter of Capt. Joseph G. Rowe, of Georgetown, about nine miles from my residence in Boothbay, Me. Thirteen days previous to my visit, this little girl, as she was gathering an armful of sticks, felt something *pricking severely* the inside of the sole of the left foot. On looking down she discovered a large, green spotted lizard fastened to her *naked* foot, which she extracted with a fold of her gown, and with it that portion of skin on which it had seized. The next day she complained of numbness in the foot, as though it had been deprived of sensation by cording the ankle, and that occasional "prickling" that occurs on the return of circulation. The numbness continued extending upward—the whole limb became severely swollen, and the most excruciating pain on the slightest motion followed; and over the direction of the lymphatics, I observed the inflammatory blush. The muscles of the neck and jaw of that side were rigid and tender to the touch; much difficulty of swallowing; occasional delirium, particularly the first week, and a wonderfully increased mental acumen during her intervals of reason. The whole *left* side continued paralyzed, and the pain unabated. A short time before death, the limb became *spotted*. She lingered along in great agony until the 21st day of the bite, when death terminated her sufferings.

Owing to my distance from the patient, I had not opportunity for an autopsy, or to examine whether a filament of the internal *plantar nerve* might not have been wounded; but there were so many symptoms of the introduction of a morbid septic *poison* into the system, that I carefully recorded them at the time, more particularly as these symptoms, it is well known, bear a close analogy to tetanus. I have excluded the *treatment* in this case; 1st, owing to the time that elapsed previous to my visit; 2d, because the sole object of this communication is to ascertain, through your Journal, whether the *lizard tribe* are *venomous* (which has been doubted), and whether in tetanus, the paralysis, great tumefaction, and spotted livid appearance, *before*, and gangrenous, *after*, death, are symptoms that ever occur. Yours, with much respect,

Boothbay, Me., Dec. 28, 1839. SIDNEY B. CUSHMAN.

THE LATE DR. ISAAC SMITH.

[Communicated for the Boston Medical and Surgical Journal.]

THE death of Dr. Isaac Smith, of Chatham, Ct., has already been mentioned in the Journal.

Dr. Smith was a native of East Hampton Society, where he spent his early days in acquiring the elements of that education, which was the foundation of, and prepared the way for, the usefulness so manifest in his after life. He commenced medical practice, after completing his course of studies with reference to that pursuit, at N. Killingworth, where he resided a few years, and there became familiar with that description of typhous fever which has prevailed to some extent the present season; and afterwards established himself in his profession at Chatham, where he continued to practise until his death, a period of 39 years.

In his deportment and intercourse with the members of his profession, he was always open, candid, frank and hospitable. With the sick, upright, beloved, kind, attentive and sympathizing, always ready to sacrifice his comfort, ease and happiness, for the good of his patient. His practice was plain, and well adapted to the case, and his mature judgment and long experience gave him a claim to confidence, which was rarely disappointed. He was a regular attendant upon divine service, and a communicant of the Congregational church, always appearing to rejoice in Christian privileges and duties.

Though the friends of the deceased wish not for the "language of panegyric," nor do we claim for him the most distinguished talents, or that he was pre-eminently skilful in *all* the diseases to which a community is incident, yet he possessed, in an eminent degree, the key to the finer sensibilities of the soul, and knew the sympathies and idiosyncrasies of his subjects, and could more readily address his conversation, and adapt his prescriptions, to their case, than, now, can any other.

The disease which caused his death was a fever, mild in its attack, and he was enabled to attend to his professional duties, with few exceptions, until about a week before it terminated. He seemed unaware of the lurking mischief which was undermining his constitution. Retching and vomiting, with a redundant secretion of vitiated bile, and distressing hiccough, with tympanitis, were the most urgent symptoms in the last stage, which continued until the system gave way. In his sickness he was seldom heard to complain, though during the last week his sufferings were great. The calmness and composure with which he met death, evinced most clearly the character of the man. With a strong reliance upon a Saviour, and his soul firmly stayed upon his God, he bid adieu

to his family, his friends, and the world, on the night of the 19th of Dec., aged 67 years, in the full hope of an immortality beyond the grave.
T. M., 2D.

Middletown, Dec. 25, 1839.

EXPERIMENTS ON DIGESTION.

[We make room with some difficulty, this week, for the commencement of an account of various new and important experiments on digestion, by Prof. Schultz, of Berlin. It has just reached us in the Lon. Lancet.]

My object in the following experiments was to ascertain, more particularly, the relative digestibility of different articles of food in dogs and cats; and, for this purpose, I fed the animals with several sorts of food at the same time.

Exp. 1.—A dog of a middling size, which for some time previously had been fed upon potatoes, received as much as he could eat of boiled, raw, and roasted horseflesh, in pieces of from half to one ounce in weight. He ate, in all, about a pound. After three hours he was killed; the digestion had, in the mean time, made but little progress, and there was only a very small quantity of chyme collected at the pylorus. The pieces of boiled meat were everywhere, at the surface, dissolved into chyme, and were strongly acid, even in the middle, and after being washed with water. The raw pieces were less dissolved, but had become of a livid hue; and were also less strongly acid at the surface, and in the middle not at all so. The roasted pieces were, even at the surface, not perceptibly altered; they were covered with acid chyme, but upon being washed with water, showed no further acidity. The alteration of the boiled and raw pieces increased gradually from the cardia to the pylorus; it was imperceptible at the cardia, and greatest at the pylorus. There was no difference between the pieces which lay at the parietes of the stomach, and those which lay in the centre. The stomach was firmly contracted about the food, and without any peristaltic motion.

Exp. 2.—A large dog, that had been fed with potatoes, received in the morning, at 8 o'clock, from ½ to 1½ ounce pieces of boiled, raw and roasted horseflesh; in all, about 2½ pounds. At three in the afternoon (after seven hours) he was killed. Although the digestion had proceeded so far that nearly two ounces of chyme were collected at the pylorus, yet the pieces of meat which lay at the cardia were still unchanged. The alteration increased gradually towards the pylorus, and here the pieces were about half dissolved, none being entirely so. The boiled meat was the most dissolved, and was most acid at its centre. The raw followed next; and by it the blue paper was reddened in the inside, as well as at the surface. The roasted pieces were also acid, even after being washed, but blue paper was scarcely altered by the inside. A peristaltic motion was present at the pylorus, which from time to time separated itself from the cardia, by the strong contraction of its circular fibres. The cardia was firmly contracted about the food, and without any perceptible motion. The thermometer stood in the stomach and chest at 32 degrees Reaumur, and in the lower parts of the abdomen at 31.

Exp. 3.—A dog of moderate size was fed with a soup made of potatoes, which was mixed with several large pieces, and a little tallow, with which the potatoes were boiled. Six hours after, the soup had disappeared from the stomach; the larger pieces were but little altered, and only somewhat rounded at the edges. There was besides a little chyme, mixed with a few fleshy fibres that were probably left from the last meal; it was strongly acid, but the pieces of potato were but slightly so at their surface, and not at all at their centre. The gall bladder was much distended, and contained 2⅔ drachms of bile. Microscopic observation showed that the starch globules of the potato soup were still to be found unchanged, and in great number, in the intestines. The temperature of the stomach and the chest was 32 degrees Reau., of the liver and lower parts of the abdomen 31.

The stomach, as it contained very little food, was much collapsed, and had a peristaltic motion in its whole extent, which, however, was strongest at the pylorus. This motion ceased after half an hour, and when I brought the two poles of a galvanic apparatus into contact with the stomach, strong contractions ensued; the separation of the pylorus from the cardia was particularly plain. I had laid bare the nervus vagus in the neck, and brought the two poles into contact with it, but after the spontaneous motion had ceased, no effect was produced in the stomach. On the other hand, as long as the peristaltic motion lasted, it was greatly increased by the galvanic excitement of the nervus vagus.

Exp. 4.—A well-fed dog, that would eat no vegetable food, was fed with 1 ounce of bread, 2 ounces of roasted veal, which was very tender, the same quantity of raw ham, and 4 ounces of boiled unsalted beef. He was killed nine hours after. Three fourths of the food were dissolved to chyme. The boiled beef was entirely digested, and only to be recognized by a few fibres mixed with the chyme; the bread was half dissolved, and its remaining part, which was mostly crust, was, like the chyme, strongly acid, even in the middle part. One fourth of the raw ham had disappeared, and the other part, which was half fat, did not appear to be at all altered, and was not acid after being washed with water. The roasted veal was little changed, and acid only at the surface, and not in the inside. The peristaltic motion was observed at the pylorus, but not at the fundus; the temperature of the chest and abdomen was 31 1-10 degrees Reau.

Exp. 5.—A middling-sized dog, which had fasted the day before, was fed with 6 oysters, 2 ounces of smoked salmon, 1 of salt herring, and 2 of boiled pork, mutton and unsalted beef. He was killed six hours after. The oysters were perfectly dissolved, except the closing muscle of one, and their parts no longer perceptible in the chyme. A third of the pork, and three fourths of the mutton and beef were dissolved; the acid of the last was the strongest. The pieces of salmon were still further divided, but not much digested; the herring was perfectly unchanged, and was acid only at the surface, and not in the inside.

Exp. 6.—Two half-grown cats, that had fasted twelve hours, were fed at the same time with similar pieces of raw, boiled and roasted veal; and further, with boiled beef and fish, as much as they would eat. One of them was killed three hours after. The stomach was without motion, and firmly contracted about the food; the digestion had made but little progress, and about two drachms only of chyme were collected at the pylorus. The whole mass of the food had formed a ball, in which the different parts were not so easily recognized as in the dog; for cats tear and masticate their food, while dogs swallow theirs in large pieces. At the cardia, the surface of this ball was neutral, and the food was perfectly unchanged. In the middle, between the cardia and the pylorus, blue litmus paper was somewhat reddened, and at the pylorus itself as strongly as usual, by chyme. The ball was cut through the middle with a knife, and it was seen that the degree of acidity was the same at the parietes of the stomach and in the inside of the mass. It increased here, also, towards the pylorus. The beef was the most digested, and the boiled veal more than the raw; the fish and roasted veal, however, were still unaltered.

The second cat was killed after seven hours. The greatest part of the contents of the stomach were dissolved to chyme, and the stomach itself was three fourths empty; the peristaltic motion, particularly at the pylorus, was also observed. A few pieces of fish were found among the undigested parts, the rest was mostly raw and roasted veal.

The temperature of the abdomen was 31 degrees Reau., of the chest and stomach 31 1-10.

Exp. 7.—A full-grown cat was fed with potato soup and a piece of old cheese, and, after three hours, killed. The cheese was mostly digested, and its small remaining part was strongly acid, even in the inside. The potato soup was little altered, and only rendered somewhat more fluid; it very slightly reddened the litmus paper.

Exp. 8.—A dog was fed with boiled, raw and roasted veal, boiled fowl, fish, a little boiled unsalted beef, and a piece of old cheese. He was killed four hours after. The cheese was entirely dissolved, and only to be recognized by the smell of the chyme. The boiled fowl was entirely, the beef and veal for the most part, digested, and their remains had fallen into small pieces. The raw veal was dissolved at its surface, and its color had become livid; it was acid at the surface, and neutral in the middle. The pieces of fish were still further divided, but it appeared to be merely through the mechanical motion of the stomach, for the muscular layers of fish were very loosely connected. The larger pieces, after washing, were but slightly acid; whereas the remains of the boiled beef were strongly acid, even in the middle.

Exp. 9.—A cat was fed in the morning, at nine o'clock, with flour and potato soup, and further, with a little carrot and boiled beef. It was killed at twelve o'clock. A piece of meat, which the animal had swallowed last, and which was found at the cardia in the midst of the soup, was still unchanged. The rest at the pylorus was quite dissolved; the soup was become somewhat more fluid, and it was slightly acid; the carrot and a few pieces of potato were unaltered, and without acidity in the inside.

Remark.—I have often observed in dogs, that the order in which the different sorts of food are swallowed considerably alters the relative digestibility; for I have several times seen indigestible matter which was swallowed first, and therefore came first to the pylorus, digested before other food which was more easily digestible, but which being swallowed later, came later to the pylorus.

Exp. 10.—A dog of middle size, which had been fed upon flour and potato soup, and afterwards allowed to fast 24 hours, was fed at nine o'clock in the morning with one or one and a half ounces of old cheese; two, the same quantity of Dutch cheese; three, the meat from the claws and tails of two large crabs; four, three ounces of roasted pork; five, an ounce of the fat of a smoked goose; and six, with four ounces of boiled unsalted beef. At half past one he was killed; nearly one half of the whole mass was changed into chyle; a pretty strong peristaltic motion was observed at the pylorus. I observed, also, an undulating motion along the course of the large curvature; the small curvature, however, was perfectly motionless.

1. The boiled beef, of which a few small pieces were still visible, was dissolved. 2. The old cheese was entirely, and the Dutch cheese mostly, dissolved; its remaining part was chiefly rind, the surface and inside of which were strongly acid, even after washing with water. 3. The roasted pork was not much altered at the surface, although the inside was somewhat acid. 4. The crabs' flesh and goose fat were found in the chyme perfectly unchanged; the litmus paper, however, was slightly reddened at the surface of the crabs' flesh after it was washed, but not in the inside. The fat, on the contrary, showed no acidity after being washed, even at the surface.

(To be continued.)

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 15, 1840.

PROGRESS OF SMALLPOX.

Medical correspondents in the country are almost daily writing to know the state of the epidemic smallpox in Boston. The only answer we can give them is, that vulgar report has greatly magnified the number of cases, from the beginning up to the present time. Were we to hazard an individual opinion, we should say that the disease has considerably abated in the city. The number of deaths, however, in the weekly report of the Superintendent of Burials, shows that the malady is still here. Much alarm is manifested in the interior. The smallpox has gradually crept from Boston, so say the same gentlemen, in all directions, till villages in New Hampshire, Maine, Vermont, and various towns in Massachusetts, have got it in the midst of them. Pepperell, in this State, seems to have been severely scourged—and from that point it is feared that the infection will radiate through neighboring towns, to the sacrifice of many lives. We would say, therefore, vaccinate—there is no other way of circumscribing this shocking distemper. Thus far, the deaths in Boston, since September 2d, when cases first occurred, to Monday morning last, were 80. Since the first day of the present month, up to Monday morning, 22 have died.

Dr. Hun's Introductory Lecture.—At rather a late period, this discourse, which could not have been otherwise than well received, has reached us. However well constructed, these introductories are fitted for a particular occasion, and therefore not designed to exercise a permanent influence anywhere. But with regard to Dr. Hun's lecture, it is a sound, practical essay, which gives us the strongest assurance of the qualifications of the author for teaching. The chair of the Institute of Medicine in the Albany Medical College will never fall into disrepute while its occupant has the good sense, the science and tact for impressing his hearers with elevated and important truths which characterize this pamphlet.

We have noticed, with feelings of satisfaction, the improving character of all the introductories, the present season. They are altogether superior to those of past years, and those who preserve them will be in possession of the best specimens of modern medical literature in our country.

Dr. May's Introductory Lecture.—John Frederick May, M.D., Professor of Anatomy and Physiology in the medical department of the Columbian College, at the city of Washington, was solicited by the class to permit them to publish his introductory. Although Dr. May assured the young gentlemen that it was not written for the press, he consented, and we coincide with the committee in believing that it will be read and re-read with pleasure by many who have not the honor of a personal acquaintance with the talented author. It is quite impossible to copy from all the pamphlets and other excellent things that pour in upon a periodical like ours in the course of a week; but we can assure those who are so fortunate as to be put in possession of Dr. May's lecture, that they will read it with profit and delight.

The Epidemic of Augusta, Geo.—At a meeting of the physicians of Augusta, held on the 13th of November last, it was resolved that a committee of three be appointed to inquire into the origin and causes which gave rise to the epidemic in August, and Drs. F. M. Robertson, J. P. Garvin and P. F. Eve, were selected to perform that duty. "The principle which vitiated our atmosphere," says the committee, "was the cause of the disease; without which the epidemic could never have had an existence; and which did not require the introduction of foreign cases to produce an explosion. The torch had been applied before the introduction of foreign cases, and was silently, and unobserved by the multitude, performing its work of death and desolation."

Very many curious facts have been collected by the committee, which must be regarded as exceedingly valuable to those who are less conversant than themselves, with the character of the scourge which they have so clearly and ably investigated.

Vermont Academy of Medicine.—After a period of suspension in the course of annual lectures, which were given many successive years with success at Castleton, Vt., a re-organization of the Academy has been effected, and a medical faculty created, as will be seen by our advertising page.

No one will presume to say there is any want of talent in the catalogue of instructers, since some of them are well known for their experience and ability to teach the several branches annexed to their names. The only query is, how it is possible for the State of Vermont to support two schools. That at Woodstock is considered well established—but we wish them both all imaginable success.

Secondary Smallpox.—A discussion is going on in the London Medical periodicals respecting the occurrence of smallpox twice. Some physicians, having never seen such cases, are disposed to doubt their occurrence, or at least to consider them exceedingly rare. It seems certain, however, that they do occasionally occur in Europe as well as in this country, as the following facts, related by the editor of the London Lancet, will show. If vaccination, therefore, is not *always* a preventive of smallpox, it may afford some explanation, if not consolation, to know that neither does that disease in all cases protect from itself.

"In the Würtemberg epidemic 634 persons were attacked by *true* smallpox; of these 39 had been affected by true smallpox at some previous period, being a proportion of 1 in 16. The nature of the first attack was determined, partly from the evident traces of confluent smallpox on the body, and partly from the testimony of the medical men by whom the patients had been attended. Fourteen of the thirty-nine fell victims to the second attack In the epidemic described by Möhl, 153 out of 988 persons had a second attack of smallpox; 31 of the 153 died; here, however, the evidence of the first attack is far from being so precise as during the Würtemberg epidemic."

Pituitary Body or Gland.—If the researches of M. Bazin be confirmed by other anatomists, the true nature of the pituitary body has at length been discovered. M. Bazin regards this body as a true nervous ganglion, and describes the various filaments which are in connection with it. The principal pass to the internal carotid artery, and join its flexus; others anastomose with filaments from the cavernous flexus. M. Bazin likewise has discovered connections between this (the cephalic) ganglion and the others which are already known, and in addition mentions one going to a ganglion on the first division of the fifth pair of nerves.—*French Lancet.*

Singular convulsive Disease affecting five Children in one Family. By Andrew Dewar, Surgeon, Dunfermline.—This paper adds another authentic chapter to the many histories of strange anomalous convulsive diseases already on record; and strikingly illustrates, also, the important points of the propagation of such affections by *imitation*, and of their cure by the old Boerhaavian remedy, *terror.* The disease was most judiciously treated by the removal of the children from their home; and they were all cured by keeping them separate there; by threatening them with the cold affusion, searing irons, &c., except the one originally affected, who required other means for her recovery.—*Edin. Med. and Surg. Jour.*

Economic Formula for Hydriodate of Potash. By Wm. Nichols, M.R.C.S.—Rub together as much iodine and potass hydras (the potassa fusa of the former Pharmacopœia) as will render the mixture almost colorless, and add as much distilled water as will make, together, say, two fluid ounces.

The chemical equivalents of the iodine and potassa would of course be the proper proportions, provided they could be obtained perfectly pure, which, in commerce, I believe to be seldom the case. I therefore choose to get my solution prepared as above, of an amber color, showing the iodine to be slightly in excess, and I afterwards add a few drops of the liq. potassæ, until the solution becomes perfectly colorless. By previously weighing the proportions of solid ingredients, the quantity of the salt in solution will be indicated; and as it is extremely soluble, it may be prepared so that each fluid drachm will contain a drachm of the hydriodate. —*Lancet.*

Medical Miscellany.—At 12 o'clock, Wednesday, January 22d, the annual meeting of the Trustees of the Massachusetts General Hospital will be held, in Allen street.—A second shipment of Dr. Morton's work on American skulls, is on the way to Boston, for subscribers at the North.—Mr. Combe, the phrenologist, is on his way to Buffalo.—Lectures on *physiognomy* are being delivered in this city—a revivification of the once popular doctrine of Lavater, that the character of an individual is exhibited in the face.—Twenty-one cases of smallpox and thirteen of varioloid have occurred in the town of Pepperell, Mass.; six persons, up to Wednesday last, had died; and it is supposed that the disease is on the increase in that region.—We understand that the new building for the Vermont Medical College, in Woodstock, is now nearly completed, and will be entirely finished in season for the next course of lectures. The site is one of the most beautiful that could have been selected in New England. The collonade of the east front commands a delightful view of the village of Woodstock and the surrounding country. The chemical and anatomical lecture rooms, which are now finished, are probably as commodious as any in the country.—A recent instance is recorded in England, in which rabies was communicated through the milk of two ewe sheep to their lambs. The lambs were removed from the sheep in a fortnight after the latter were bitten by a dog laboring under hydrophobia, and a month before any symptoms of the disease were exhibited in the sheep. The lambs were seized about a fortnight later than the sheep.—Number of deaths the last year in Nantucket, with a population of about 10,000, 201, including 15 who died abroad. In 1838, the number was 186.

Married,—In Whitingham, Vt., Daniel D. Wilcox, M.D., of Jacksonville, to Miss Dorothy Smead.

Died,—In Putney, Vt., Dr. Alexander Campbell, 70.—In Dartmouth, Ms., Dr. Simon Winslow, 58.

Whole number of deaths in Boston for the week ending Jan. 11, 43. Males, 24—females, 19.

Of consumption, 6—smallpox, 13—old age, 1—infantile, 1—child-bed, 2—typhous fever, 1—croup, 1—teething, 1—scarlet fever, 1—lung fever, 3—intemperance, 1—burn, 1—disease of the brain, 1—suicide, 1—fits, 2—inflammation of the lungs, 1—diarrhœa, 1—cancer in the stomach, 1—dropsy on the brain, 1—inflammation of the brain, 1.

VERMONT ACADEMY OF MEDICINE.

Lectures will commence in this institution on the second Tuesday of March, 1840, and continue thirteen weeks.

Theory and Practice of Medicine, by **Horace Green**, M.D., N. Y. City.
General and Special Anatomy and Physiology, by **Robert Nelson**, M.D., St. Albans, Vt.
Chemistry and Pharmacy, by **James Hadley**, M.D., Fairfield, N. Y.
Principles and Practice of Surgery, by **James Ryan**, M.D., Philadelphia.
Materia Medica and Obstetrics, by **Joseph Perkins**, M.D., Castleton, Vt.
Medical Jurisprudence, by **Ralph Gowdey**, M.D., Middlebury, Vt.

The fee for all the courses is $50. Matriculation fee, $5. Graduation fee, $15.

Castleton, Vt., Jan. 1840. J 15—tM JOSEPH PERKINS, *Registrar.*

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by **Joseph Roby**, M.D.
Theory and Practice of Physic, by **John Delamater**, M.D.
Obstetrics, by **Ebenezer Wells**, M.D.
Chemistry and Materia Medica, by **Parker Cleaveland**, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is $50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. P. CLEAVELAND, *Secretary.*

Brunswick, Me. Nov., 1839. N 27—eop6t

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price—in pocket-book form, $1; in cloth binding, 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents. Dec. 11.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

Vol. XXI. Wednesday, January 22, 1840. No. 24.

PROF. SCHULTZ'S EXPERIMENTS ON DIGESTION.

[Continued from page 372.]

Exp. 11.—A distinguished individual of this city desired to know if it was true, as is generally believed, that oysters are more easily and quickly digested, if a little cheese be eaten at the same time. I was aware how difficult it would be to institute experiments upon this question upon dogs, for these animals, even after having fasted 24 hours, will never voluntarily devour oysters, so that they must always be given to them by force. However, I learnt, from Exp. 5, that when dogs have once swallowed oysters, they digest them very easily, and do not vomit them, as one would expect, after so much aversion. I therefore procured two dogs of the same size, and apparently of the same age. Both were allowed to fast 16 hours, so that in every respect they were nearly similar, except in color, for one was black and the other white. They were fed, or rather the food was forced down their throats, at 8 o'clock in the morning. The white dog received eight oysters and a small piece of bread; the black, eight oysters, a piece of bread, and about 1½ oz. of cheese. At 11 o'clock, or three hours after, both dogs were killed. In the white one, which had received oysters and bread only, I found 8½ drachms of chyme of the usual quality, together with four pieces of undigested oyster, which, after washing with water, weighed 4½ drachms; the whole of the contents of the stomach, therefore, weighed 13 drachms. In the other, which had eaten cheese with the oysters, there were 12½ drachms of very viscid chyme, and three small, cartilaginous pieces of undigested oyster, which weighed 1 drachm 2 scruples; the weight, therefore, of the contents of the stomach of this dog was 14 drachms 1½ scruple. The dog which had received the cheese had accordingly digested in the same time, and with the same number of oysters, 2 drachms 50 grains more than the one that had been fed with oysters and bread only. The chyme, also, in the stomach of the former, was much more acid than in that of the latter; upon this point my experiments upon the degrees of acidity in the alimentary canal may be consulted.

I now made some microscopic observations upon the manner of the dissolution of the fleshy fibres in the stomach and intestines of the dog.

Exp. 12.—Raw meat obtains at the beginning of digestion, a rough, ragged appearance, which is particularly distinct under water. This raggedness is soon dissolved from the larger pieces, and may afterwards be found in the chyme. If a piece of the same be examined under the microscope, it is found that the muscular fibres do not separate from one another lengthwise, but remain together in large pieces. In fresh meat it may be seen, that the muscular fibres are articulated, and marked with fine transverse lines upon the spaces between the articulations. They are firmly connected at the sides, and are with difficulty separated from one another lengthwise. This connection remains during digestion, and the gradual solution takes place so that the joints separate themselves into pieces which become gradually smaller, and in this condition fall apart lengthwise. At last, these pieces dissolve into very small globular bodies.

Boiled flesh is easily separated into fibres lengthwise; the articulations of the fibres, and also the fine transverse lines, may be seen here, as well as in the raw flesh; it is, however, more condensed, and the fibres are thinner, than in the raw condition, as may be seen in the fibres of boiled veal, when compared with raw veal. The first change which takes place in the boiled flesh of the mammalia in the stomach of the dog is, that the muscular fibres separate themselves from one another lengthwise. Roasted meat is not so easily separated into single fibres, and this, together with their greater hardness, appears to be the reason why it is harder to digest. In proportion as the fibres separate themselves in this manner lengthwise, they also fall into pieces transversely, and assume the appearance of having been cut with a sharp instrument. The pieces of muscle are always at first so sharply edged, and for the most part remain so during their continuance in the stomach. In the duodenum, however, their edges become rounded, and the pieces appear to dissolve gradually, like a crystal in water, till at last a very small part only is left. The chyme in which they are found has a fine granular appearance.

The solution of boiled fish in the stomach of the cat takes place somewhat differently. The muscular fibres of fish are much larger than those of the mammalia and birds; they have also fewer articulations, and are more angular. They are strongly marked with longitudinal lines. These longitudinal lines are sometimes also to be seen in the muscular fibres of the mammalia; and, on the other hand, the transverse may be seen in the fibres of fish, though both cases happen but seldom. In the stomach of the cat, the fibres of fish separate themselves lengthwise from one another, and at first appear with broken edges. The further solution, however, is quite peculiar. At first, large transverse fissures, which often go as far as the middle, arise at the sides, at which the fibres gradually fall into small pieces. The fibres now begin to dissolve at the end, and in the direction of the longitudinal lines, into sets of large globules, which gradually separate from one another, and in this condition may be afterwards found in the chyme.

Exp. 13.—After I had obtained from the manner of the solution of the mammalia fibres, a sign of the degree of perfection of the digestion, I wished to know whether the disturbance of the digestion, which I had experienced in myself from drinking coffee after meals, could be explained by experiments upon dogs. I therefore gave a dog a little coffee, with milk, directly after he had eaten several large pieces of meat. He was killed six hours after, and I found that the digestion had been delayed longer than usual; but in the manner of the solution of the muscular fibres, I perceived no remarkable difference. I now conjectured that the coffee was absorbed from the stomach, and that afterwards the digestion proceeded in its regular course. I therefore fed a dog with meat chopped very small, and gave him a little coffee, half an hour after. I killed him four hours after, and found that the greater part of the meat had gone over into the intestines, but little or not at all altered, and also that the unchanged fibres of meat, that could therefore have been little digested, were to be seen as far as the cæcum. In these the microscope could detect but few traces of solution, although in general the fleshy fibres disappear entirely below the ilium.

I will now detail the result of my experiments upon the relative digestibility of food in the stomach, and on the movements of the stomach.

The first chief result which is obtained from my experiments upon digestion is, that vegetable food is more difficult of digestion than animal, and raw animal more difficult than boiled. Connected with the more difficult digestibility of vegetable food, is its longer continuance in the stomach and cæcum than usual. The stomachs of ruminating animals are often not empty after five days fasting; in the rabbit much food is still to be found in the stomach after a fast of 24 or 26 hours; and in carnivorous animals, pieces of potato and carrot that were devoured at the same time with meat, may be found still unaltered, although the meat be long ago digested. Even bread is less digestible than meat, though of all vegetable food the easiest.

It may be asked how the longer continuance of vegetable food in the stomach is possible, as the peristaltic motion is as strong in herbivorous and omnivorous, as in carnivorous animals. An explanation of this is afforded by the different forms of the stomach. In all herbivorous animals the small curvature of the stomach is very small, and the œsophagus is inserted near to the pylorus, while the fundus, on the other side of the œsophagus, is very much extended. The large curvature, which includes the whole of the fundus, is, on the contrary, much more developed; and the pylorus itself is short in proportion to the fundus.

In carnivorous animals, on the other hand, the small curvature of the stomach is more developed in proportion to the large; the œsophagus is inserted nearly at the fundus, and the pylorus is, in proportion to the fundus, longer than in the herbivorous class.

If, now, the nature of the peristaltic motion of the stomach be more nearly considered, it will be seen to be very different in carnivorous and herbivorous animals. The motion of the stomach may be compared to the peristaltic motion of the intestines, since it consists, like that, of alternate contractions and expansions of the circular and longitudinal muscular fibres. The only difference is, that in the intestines this motion is on all sides uniform, whilst in the stomach the motion of the small curvature is less the shorter it is, and, on the contrary, the more extensive the large curvature is, the greater will be its peristaltic motion, so that in herbivorous animals, the motion of the small curvature may disappear almost entirely. The difference between the peristaltic motion of the stomach and that of the intestines, therefore, will be the greater the more the small curvature is shortened in proportion to the large; and the more it is expanded, and, therefore, at the same time, the pylorus lengthened, the more they will resemble each other; for the pylorus itself has nearly one uniform expansion of its muscular fibres, and, in consequence, its motion, like that of the intestines, is on all sides uniform.

The motion of the stomach may, accordingly, be considered as defective, since it takes place only upon the large curvature, while the small is nearly motionless. It is evident that this partial motion will be greatest in herbivorous animals, and that in the larger proportional development of the small curvature, and lengthening of the pylorus of carnivorous animals, the motion of the stomach will be more similar to that of the intestines.

The different kinds of motion in the stomach have a very different influence upon the motion of its contents. In herbivorous animals, when the large curvature is chiefly put in motion, the food is moved only along the course of the larger, and at the smaller is nearly motionless. If, now, the food, as is generally the case in these animals—for instance, the rabbit—as long as it remains at the fundus, forms one consistent mass, it cannot otherwise happen, than that by the continued partial forward movement of this mass by the large curvature, it will revolve upon its axis in the direction of the peristaltic motion, and be pressed into a ball which takes the form of the floor of the stomach. All the contents, therefore, will not be moved forward towards the pylorus, but only that part which is changed into chyle at the surface of the ball, while the remaining part will continue to turn round in the fundus of the stomach. In this way the food in the stomach of herbivorous animals cannot go over into the intestines before it is quite dissolved, and this motion of the stomach is perfectly correspondent with the long continuance of the food in that organ. It is, however, very different in carnivorous animals. There the motion of the stomach is, corresponding with the quicker digestion, so arranged, that the rotatory motion of the food takes place either not at all, or at most but imperfectly; for the food at the small curvature is moved, although slowly, forward towards the pylorus, and, therefore, put into a more progressive motion.

The reason, therefore, why the food continues longer in the stomach of herbivorous animals is, that through the peculiar structure and motion of the stomach it is set into a rotatory motion, whereas, the progressive motion into which the stomach of carnivorous animals sets its contents, is correspondent with its quicker digestion.

That the omnivorous class stands in the middle between these two, is self-evident.

It appears of importance to remark, that in man, in the different states of health, the one or the other kind of motion may preponderate, and that the stomach may accordingly develope itself proportionately to the larger quantity of vegetable or animal food. The fundus will extend itself when the vegetable diet preponderates, as may be seen in old dogs which have always been fed upon vegetables. In this case the digestion will proceed more slowly, and through the rotatory motion the food will be kept longer in the stomach; in the opposite case, on the contrary, the food will be soon removed from the stomach by its preponderating progressive motion. If, now, in the usual formation of the stomach of man, indigestible vegetable food be taken, it will, like digested animal substance, be quickly removed from the stomach into the intestines, and thereby produce a disturbance of the cæcal digestion.

I now proceed to speak of the act of vomiting, in the different forms of the stomach. The anti-peristaltic motion of the stomach bears the same relation, in the different forms of the stomach of carnivorous and herbivorous animals, to the evacuation of the food by vomiting, as the peristaltic motion bears to its further progress through the pylorus into the intestine. All those herbivorous animals in which a rotatory motion of the contents of the stomach takes place, either do not vomit at all, or with great difficulty; for the food is not urged by the anti-peristaltic motion towards the œsophagus, but merely set into a rotatory motion in the opposite direction, so that notwithstanding it be pressed upon all sides, it cannot be driven out. The animal vomits, therefore, with the greater difficulty, in proportion as the stomach is so formed, that its contents are set into a perfect rotatory motion, as in the rabbit, horse, &c. &c. It has been hitherto said, that horses are prevented from vomiting by the spiral valve in the œsophagus; but this valve can no more prevent the egress of the food than its ingress into the stomach, since its action in the anti-peristaltic motion is merely the reverse of that in the peristaltic, viz., that like the cardia, which is without valves, it alternately opens and shuts, and so, at every time of opening, allows the egress as well as the ingress of the food. The reason, therefore, why these animals during nausea cannot vomit, must be sought alone in the peculiar form and motion of the stomach.

On the other hand, vomiting takes place the more easily in proportion as the stomach is lengthened, and is in construction more similar to the intestines, for the food may then be driven towards the openings, either backwards or forwards, without being put into a rotatory motion. Hence, dogs and all carnivorous animals vomit without difficulty, and even in man this difference is remarkable, for children, on account of the similarity of their stomach to that of carnivorous animals, vomit easily, while, on the contrary, in older people, whose stomach resembles that of the herbivorous class, this process is more difficult.

Hillifield (Experimenta Quædam de Venenis, Goettingen, p. 50) was already acquainted with the fact that rabbits could not vomit. I have myself likewise endeavored to excite vomiting in a rabbit by a dose of two grains of emetic tartar. A quarter of an hour after nausea was produced, together with great disquietude and anxiety; however, the animal did not vomit. I have found, also, by a similar experiment, that the guinea pig, which has the same kind of stomach, is not capable of this process. These phenomena do not contradict the experiments of Magendie upon the action of the abdominal muscles during vomiting;

for where vomiting is possible, the motion of the stomach gives merely the direction to its contents in which they are to be thrown out; vomiting itself is produced by the action of the diaphragm and abdominal muscles.

The rumination of ruminating animals appears to take place so that the food in the first stomach is not at all moved; or at least not in a rotatory manner, for it is generally too fluid, or too little consistent, to be able to form a round ball. However, in this form, small quantities of the chymy mass are more easily pressed into the œsophagus by the action of the diaphragm and abdominal muscles. This process has been ably explained by M. Flourens.

(To be concluded next week.)

THE OHIO LUNATIC ASYLUM.

The following account of the Ohio Lunatic Asylum is copied from the Superintendent's first annual report, and is interesting not only for the information it contains respecting this new and promising institution, but also from the fact that it was written by one of its convalescent inmates.

"The Ohio Lunatic Asylum was built at the expense of the State, and chiefly by the labor of convicts from the Penitentiary. It is a large brick building, consisting of a centre and two wings, and is about 300 feet long. The house occupies an elevated position, in an open space of ground fronting the south, and is distant about one mile east of the city of Columbus. To me, who have been accustomed to witness large buildings in different parts of the world, it seems bare and defenceless, and its appearance is associated in my mind with the ideas of nakedness and exposure. However, it is, I believe, the most eligible situation which could have been chosen, from its uniting the double advantage of proximity to a town, with the quiet retirement and free healthy air of the country. When seen from the public road it presents an imposing spectacle, with its massy pillars and extended wings, and bears on its front and throughout its general lineaments, evident marks of its being intended for no common purpose. The centre of the edifice is reserved for the use and convenience of the officers and domestics. It contains the doctor's office, the rooms and sleeping apartments of the superintendent and his family, of the assistant physician, steward, matron, and other functionaries or dependents, whose services are considered essential to the well being of the institution. The wings, with two rear buildings, are designed for the reception of patients, and are capable of accommodating between 120 and 140 persons. The east wing is allotted for the females; the males occupy the west. Each wing contains three halls, all of which are now open and filled with patients. They are each upwards of 100 feet long, commodious and well aired, plentifully supplied with good water, and provided with a fine reading room, convenient wash room, and water closet. The sleeping rooms are comfortable and furnished with firm and portable bedsteads, with clean and suitable bedding, and every facility for health and comfort. To each hall is annexed a dining room of sufficient dimensions for accommodating 18 or 20 persons, and is fitted up with everything requisite for convenience and utility. The rear buildings, or *lodges* as they are called, among other purposes are used for the reception of those patients whose excited and irritable state may render it necessary both on their own account, and for the safety and comfort of others, that they be kept in solitary confinement.

" The basement of the centre contains the kitchen, in which the victuals are prepared, and from which they are transported to the respective dining rooms of the patients above, on a kind of portable cupboard, in an expeditious and safe manner. The kitchen is well contrived, and provided with the necessary cooking apparatus, and its operations are so arranged and timed as to supply in the same instant with its viands the different waiters that have been handed down, and which after they have received their appropriate deposits are drawn up to their appointed places, when, as it were by a simultaneous movement, females and males, in their respective dining rooms, take their proper seats, and begin and finish their regular meals, much about the same time. The ringing of a bell announces the degree of forwardness in which these things are moving; and when all is ready, each patient proceeds to the seat which has been regularly assigned to him. The table is generally supplied with an abundance of food, and of a good quality, which the patients seem duly to appreciate by the relish with which they discuss its merits, and by the sudden havoc which is made amongst its various dishes.

" The present number of patients, of both sexes, does not, I believe, exceed one hundred and ten or twelve. The males are the most numerous. They have been all properly classified and divided among the different halls, according to the symptoms of the mental disease or nervous disorder with which they are respectively afflicted; or according to certain distinguishing features of the various complaints; or for reasons best known and understood by the superintendent. In the hall in which I am located, there are 18, who, with the inmates of the other halls, as far as I can perceive, are tended with all possible care and humanity, and no pains are spared, and no means left unemployed, which may make their situation comfortable and agreeable. There is no unnecessary restraint imposed; no tyranny exercised; no undue severity used; no unbecoming punishment inflicted. They are treated with a mild, yet becoming firmness—but should any one evince an unruly spirit, or be guilty of any glaring or mischievous infringement of the rules of propriety, or so far forget the respect which is due to himself and others, as to indulge himself in any improper prank, and act so as may be injurious to himself or to those around him, or make the atmosphere in which he moves too hot for himself and for others with whom he comes in contact, he is either confined to his own room, or perhaps conducted to the shower box, where water is admitted upon him from a cistern above, in such copious streams as may cool his blood down to a degree of temperature sufficient for enabling him to reflect on the impropriety of his conduct, and to train him for again becoming a harmless member of society.

" Medicine is served out three times daily and at stated intervals, from small cups on which the name of the patient is labelled, suited in its nature to each particular case, and fitted to relieve pains—to compose the spirits—to stimulate the lethargic—to repress the superexcited—to purge the costive—to strengthen the weak—to whet the appetite—to fill up the emaciated form, and to produce some good effect upon all who may partake of it. In this place they do not appear to countenance the at one time commonly received opinion of having recourse to violent measures, or going to extremes in the treatment of their patients; nor to act upon the principle of almost starving and bleeding to death, the unfortunate being who is subject to mental imbecility, or bereavement of reason. Here the virtue lies in the cup, the remedy in the medicine, which if faithfully administered to any one, who has the smallest spark of reason, the slightest semblance of mind, or vestige of intellect, will, I believe, under God rekindle the almost extinguished embers of the soul, convert the shadow into some tangible mental consistence, and gradually strengthen and confirm the intellectual powers. Here, a patient as soon as he can comprehend the nature of his situation is treated as an intellectual being, is indulged in every reasonable request, has every proper wish gratified, is willingly provided with everything that may minister to his wants or amusement, and which his circumstances may require. He has access to books and newspapers, or is employed in some office or other which may conduce to his own pleasure, or be of service to the institution. He is not unfrequently allowed to walk about the premises, to take exercise in the open air, to ramble in the woods and even to attend church, though it will be understood that he is generally under the eye of a careful attendant.

"Every hall is supplied with an attendant whose office consists generally, in administering medicine, in preserving order, in seeing that the house and furniture sustain no injury, that the floor and rooms be kept perfectly clean, that every patient, who is able, make his own bed and keep his room in good order, that he wash and keep his person neat and clean, that he is regularly shaved twice a week and provided with a change of linen for his person, and sheets for his bed, at least once a week, &c. It is his duty likewise to have the table covered in due time, to draw up the waiter, carve the meat and serve out the food—to preside at the table and see that good order and decorum be observed, &c. &c. He occasionally, at the suggestion of the superintendent, will walk out and take exercise with one or more of the patients in the open air. To him is entrusted the clothing of the patients should they be so fortunate as to have more than is necessary for their daily use and wear; these he keeps in a separate room for the purpose, and serves them out as they are required. It is also his duty to lock up every one in his own room at bed time and awaken them in season in the morning, and to shower them occasionally as a means for health, or as a punishment for misconduct. It is an office for which few comparatively are well qualified, though it may require no great intellectual endowment, or mental attainments; still it needs a strong mind, a firm nerve, and a stout heart.

"The medical and surgical duties are discharged by Dr. Chambers, a young gentleman whose urbanity and good humor favorably impress the patient in his behalf. He usually accompanies the superintendent in his regular visits through the halls, and prepares the medicines that may be prescribed. I am not personally acquainted with the steward and matron, and other functionaries connected with the institution, and of consequence can say little or nothing concerning them ; but from their reputation, and the discrimination and care used in all the appointments, I am induced to believe they are persons eminently qualified for their respective stations. The whole seems to be under the direction and control of the Superintendent, who appears to manage the institution, and all that are in it, according to some definite and systematic design, and who in addition to his usual routine of professional and other duties, assembles all the official inmates of the house and as many of the convalescent patients as are considered capable of attending and conducting themselves with propriety, in the large room of the centre building, on every evening after supper, when family worship is conducted by him in a becoming and appropriate manner. On the Sabbath a plain practical discourse is read in addition to this service, which is well received and calculated to interest and instruct the audience. All these exercises are observed and engaged in with a decorum and propriety befitting the occasion ; in short, so far as I have observed and am capable of judging, matters are as they should be. The internal arrangements are such as to reflect credit on those who preside over the institution, and to accord with the views and expectations of its friends.

"The patients in general are reconciled to their condition and appear happy and contented, and in the intercourse which they hold with each other, and in the manner in which they employ themselves, soon in a measure forget the endearments of kindred and of home, form new ties and contract new acquaintances. And here I cannot but admire the wisdom and goodness of God in attempering man to his condition and in enabling him to educe some enjoyment from every situation in which he may be placed ; for I perceive that however foolish, absurd and inconsistent a person's own conduct and ideas may be, he can nevertheless enjoy himself at the expense of his neighbor, perceive the folly of his foibles, and derive amusement from his eccentricities ; so that what betwixt singing, whistling, and dancing, reading and speechifying, the time passes merrily and gaily away, and to a person like myself who had (before I was brought here) experienced the horrors and almost solitary confinement of a county jail, the place seems a paradise in which one might live with pleasure and leave with regret.

"The institution is yet in its infancy, and evinces palpable traces of its recent existence, but it is daily multiplying its resources and extending its facilities for doing good. By the time its projected improvements are completed, with its circular walls, shady trees, neat enclosures, and other external decorations, which occasion may suggest, or taste and ingenuity may devise, it will, I think, stand as a lasting monument of the wisdom and beneficence of the legislature, and afford to many an excited and sensitive mind, a safe asylum and a pleasing retreat from the cares, the disappointments and turmoils of life—a place in which, for a while secluded and partaking of the sanative virtues which it is calculated to impart, many may emerge, with renewed vigor and resuscitated strength, with their mental faculties so confirmed and balanced, as shall enable them to sustain with a becoming firmness the irritable vicissitudes of life, while they discharge its duties and participate in its pleasures—and a place, I hope, consecrated by the prayers, the best wishes and highest regards of those who shall drink of its healing streams. Peace be within its walls, and prosperity within its habitations."

SMALLPOX.

[Communicated for the Boston Medical and Surgical Journal.]

Look at the journal of Dr. Huxham, from 1728 to 1748. His residence was at Plymouth, Eng., seven degrees more northerly than Boston, and in a climate like to ours. His observations extend (I believe) only to natural smallpox ; and we find that during those twenty years, his monthly account of the disease may be stated as follows. In January it occurred 11 times; and 9 were favorable. In February, 13 times; all mild. In March, 12 times; all mild, except in 1741, when they were combined with fever of a bad type. In April, 15 times; all mild, excepting in 1741. In May, 12 times; all mild, except in 1741 and 1744. June, 10 times; severe in 1731, and 1741. In July, 12 times; very bad in 1730 and 1741. August, 15; bad in 1729, 1730, 1740 and 1741. Sept., 14; severe in 1729, violent in 1741. Oct., 13; very bad in 1729 and in 1742. Nov., 11 times; very bad in 1729 and 1745. Dec., 11 times; epidemic in 1729, very bad in 1734 and 1746. I believe his journal was continued, but never printed.

In Boston, records, probably nearly correct, have been handed down to us of results in 1721, '30, '52, '64 and '78. At the hospital in Mendon, 1777 and 8, from two to three hundred were inoculated ; fatal cases, two adults and one infant. Thatcher's Biography tells us that Dr. Loyd, in 1764, inoculated 500 patients. Drs. Bulfinch, Jos. Warren, Gardner and Perkins, had their hospital at Point Shirley. In August, 1776, Dr. Thatcher, surgeon of Col. Whitcomb's regiment, then in Boston, inoculated 500 men ; all did well, save one black. In 1776, Drs. Hayward, Rand, Davies, Aspinwall and Warren, had 2000 patients. In 1781, April, Thatcher's Journal says, "all the soldiers at the Highlands, near West Point [p. 250], with the women and children, liable to infection, had it. The old practice of previous preparation by a course of mercury and low diet, was laid aside. A single dose of jalap and calomel, or the ext. of butternut, is generally administered after inoculation." In 1782, Dr. T. inoculated 250, including women and children; their accommodations were not such as their circumstances required, and their diet was unfavorable; a considerable number were seized with putrid fever, and some of them died. At the close of the Revolutionary war, Dr. Aspinwall commenced inoculation, built a temporary hospital, and with little intermission had many patients till vaccination.

About 1788 other veterans in practice inoculated in Watertown, Newton and Lexington; and a gentleman now living, who was an active assistant, has told me an unusual number of the cases were fatal. A highly respected physician, who had a belief that mercury was injurious to all of his name, sent a very promising youth, his son, to be inoculated; but with an earnest request that no mercurial preparation should be given to him. It was not heeded, and he sunk under the disease, or the usual treatment.

When inoculation occurred in 1792, those patients under my care, who made up my first class early in the autumn, after a healthy summer, had the disease kindly; some in the following class suffered more. I think that nearly all the physicians then active in the business had loss of patients from 2 to 10 per cent.

In London Smallpox hospital, it has been reported that the patients, after being inoculated, were allowed to pass and re-pass those who lived in the same part of the city, till the symptoms of infection began to appear; and that then, and not till then, they were required to repair to the hospital, till their death or recovery. As cases of natural smallpox were soon after noticed, the hospital was their asylum also, and we are justified in apprehending that they caught it from those who had been inoculated.—By omitting to publish the number of deaths from inoculation annually, or oftener, "are we not guilty?" and do we not injure our cause? Too few of us are willing to publish the history of unfortunate cases. By withholding them do we not injure the common cause as much as we should advance it by publishing the successful result of extraordinary cases? Is it not true that some junior practitioners, losing sight of common sense, place implicit faith in the dogmata of their favorite instructers and books, and make mischief for want of that knowledge which they might derive from unsuccessful cases, held up as beacons to them? The mistakes of the most celebrated practitioners ought to be the more canvassed, as their authorities are sometimes dangerous precedents. Timothy L. Jennison.

Cambridge, Mass., January 18, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 22, 1840.

MR. GEORGE COMBE.

We are confident that Mr. Combe, who has recently left our city, will long be remembered with much pleasure by those who have had an opportunity of listening to his instructions. During his recent visit he delivered a course of lectures on the principles and application of phrenology, at the chapel in Phillips Place. He then gave a course of three lectures at the Odeon, on the application of phrenology to the important business of education. He was attended in both places by a numerous, highly respectable and intelligent audience. The lectures of his last course were thought so highly of, by the friends of education, that they induced him to repeat them before the Boston Lyceum. We understand that they were also repeated at Salem, Lowell and Worcester. He also delivered an eloquent address before the members of the Boston Phrenological Society, on the evening of the anniversary of the birth of Spurzheim, which we are happy to hear is to be published at the request of the gentlemen to whom it was addressed.

There appears to be but one opinion concerning Mr. Combe's lectures, and that bears witness to the gratification and instruction derived from attending them. Though many of his auditors do not profess to be phrenologists, they all agree that the object of his labors is a highly important one, and that his manner of teaching and illustrating it, is interesting and impressive.

We were much pleased with Mr. Combe's manner of lecturing. He makes no attempt at flowery eloquence; his object is the clear and simple exposition of important practical principles; his facts are well chosen, and closely and logically connected; there is no straining to convince, no desire to make blind proselytes; he shows that he has full confidence in the strength and dignity of his subject, and his auditors cannot fail to be convinced that the great principles he teaches are not the offspring of a heated imagination, but the fruit of a close observation of nature and legitimate induction. His efforts in the cause of education are of great value, and must eventually lead to many important reforms, and every friend to the moral and intellectual improvement of his fellow beings must wish him success in the great labor in which he is engaged. His endeavors to place the arduous and responsible duties of the teacher in their true light, cannot fail to meet the approbation not only of those who are engaged in the important cause of education, but of every philanthropist.

He sets forth in a very strong light the great importance of physical education, by explaining and illustrating the truths and consequences involved in the grand principle that in this life the mind depends for its manifestation on the brain, and that consequently our mental improvement and welfare are greatly involved in the perfection of our corporeal organization. He shows that too much attention cannot be paid to the proper development and the preservation of the health and vigor of the different organs of the body.

The writings and lectures of Mr. Combe have done much to extend our knowledge of the mind, its laws and its adaptation to external things, and the clear and simple exposition he has given of them in his work on the "Constitution of Man," will be a lasting monument to his fame.

As republicans we are especially interested in the physical improvement of mankind, and the wide diffusion of moral and intellectual culture. The citizens of a republican government have the same interest in the education of the great mass of the people, that the citizens of a monarchical government have in the education of their sovereigns. With us the people are the sovereigns, and their voice is law. How important, then, is it that it should always speak the sentiments of an enlightened and sound morality. It is evident that the most efficient means to bring about this desirable result is to train the rising generation in the daily acquisition of moral and intellectual knowledge, and the practice of virtuous self-control. In this field of labor the services of Mr. Combe have been of great value, and we have no hesitation in saying that he has been the means of diffusing principles which will prove a blessing to generations yet unborn.

Sounds of the Heart.—Drs. Pennock and Moore have recently made some very interesting and important experiments upon living animals, for the purpose of settling more definitely this intricate subject. Sixteen experiments were made, by opening the cavity of the thorax after the animals were deprived of sensation by blows upon the head. The following are the results, in a condensed form.

1. The impulse is synchronous with and caused by ventricular contraction.

2. The blood is ejected from the ventricle by an approximation of its sides; the heart, during systole, performing a spiral movement, and becoming elongated.

3. The ventricle contracts and auricle dilates simultaneously—occupying about one half of the whole time required for systole, diastole and repose. The diastole of the ventricle succeeds immediately upon the termination of the systole ; and at the same time the auricle allows, without evident muscular contraction, a part of its blood to run into the ventricle. This occupies about one fourth. During the other fourth, the ventricles rest ; and towards the end of this period the auricles contract actively with a short motion, which is propagated to the ventricles, and systole begins.

4. Perfect repose of ventricles, from end of diastole to the beginning of systole—their cavities being full.

5. The sounds are caused by the motions of the heart, and of its contents, and not by the impulse upon the walls of the chest, according to Magendie's theory.

6. Sounds most distinct when the muscle is thin.

7. The first sound may be caused by a combination of the contraction of the auricles, the motions of the auriculo-ventricular valves, the rush of blood through the ventricles, and the sound of muscular contraction.

8. The second is caused exclusively by the motion of the semilunar valves of the aorta and pulmonary artery, chiefly of the former. It is synchronous with the diastole of the ventricle.

From these experiments our readers will perceive that our knowledge of the morbid phenomena are probably destined to remain considerably embarrassed by the multitude of data upon which the first sound of the heart depends. The second sound, however, is more certain, and invaluable results may be obtained by examining particularly for any deviation of it from health.

It will be perceived, likewise, that the experiments of Dr. Pennock confirm, entirely, the results laid before the British Association. For a more thorough examination of them we refer to No. 44 of the Philadelphia Medical Examiner.

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*Pneumonia of Children.**—Chap. V. "In a large majority of cases, pneumonia supervenes in the course of a prior affection, especially in children æt. 2—5 years. Of 40 such patients, only three were in health at commencement of pneumonia. Of 20, æt. 6—15 years, only six were then in health ; the others had measles, smallpox, typhoid fever, hooping cough, gangrene of the mouth, &c.

"Of 60 patients, 40 were æt. 2—5 years ; 20 were æt. 5—15: the proportion is even greater, as beds for the older children and admissions there are much more numerous. Mr. Haese's Pathological Anatomy, in 108 dissections, presents 71 pneumonias of children æt. 2—5 years, and 37 in children æt. 6—15.

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* Treatise on Pneumonia of Children, by MM. Rilliet and Barthez, resident Pupils in the Hospital for Sick Children, Paris; founded on 94 cases observed in that hospital in 1837. Translated by S. Parkman, M.D., &c., of Boston, for Dunglison's American Medical Library.

"In children æt. 2—4 years, cough always appeared at least a week before inflammation decidedly commenced. In many cases error is easy; we ought to suspend diagnosis till after some days' examination.

"Pneumonia is the more dangerous, in proportion to patients' youth, as also appears by researches of MM. Valleix and Vernais at the Foundling Hospital. The first species, our predecessors and we, found always fatal, except one case. Of 81 secondary cases, 77 were fatal. At an advanced period of the malady, when smallness of pulse has been noted, death has not failed in a few hours, or two days at utmost. Cessation of cough, chilliness of extremities, purpleness of face, coincide, ordinarily, with this smallness.

"Although of some advantage in idiopathic or primitive pneumonia, the utility of bleeding appears restrained within very narrow limits. In complicated pneumonia (which is nearly always fatal), it fails to produce any sensible modification. M. Blache's observations on pneumonia complicating hooping cough, M. Baudin's on the disease after measles, and many observations in journals, show immense proportion of mortality, and complete inefficacy of bleeding.—M. Becquerel, who observed in a service where bleeding was solely employed, saw no recovery in pneumonia complicating a pre-existing affection.

"Many cases are published, entitled 'cure by tartar emetic.' In nearly all, bleeding was employed in concert.—The cases published of employment of antimonial powder (w. ox. of antim.) in pneumonia of children, do not contradict our results. In many we discover no influence of the antimony on the pulse, respiration or inflammation; in many, where its influence is vaunted, it seems impossible to decide whether amelioration was due to antimony or nature.

"The first signs of amelioration appear in nearly all cases from 7th to 9th day, whatever be the treatment. This proves that pneumonia has a period of increase, which it must fulfil; that medications are powerless in arresting its ascent. Where no treatment has been employed, amelioration has not been less manifest at this period."

Cold Plague of Texas.—A writer, residing at Houston, under date of Oct. 31st, gives a graphic account of the late epidemic at Texas, which proved extremely fatal. The mortality was greatest among the dissipated and worthless. Many, however, who deserved a better fate, died for want of nursing and the common comforts of life. In the month of September, the deaths were supposed to have averaged, in Houston, four or five a day, in a population of 12 or 1500. But very few females died—their habits being generally better than those of an equal number of men, gives them a better hold on life during the prevalence of any epidemic. Children almost wholly escaped. The disease was thought to differ essentially from the yellow fever. In the most marked cases, there was but little febrile excitement. The seat of the disease seemed to be the stomach, which would not retain medicine. By common consent the malady was called the *cold plague.* Dr. Edmund R. Anderson, an estimable man and physician, died a martyr to extreme professional zeal. The writer considers Texas as healthful a country as any in the same latitude, in any part of the globe.

Dr. Gallup's Medical Writings.—It must be gratifying to this gentleman to have his writings sought for, as they are beginning to be, by those who appreciate the labor through which he has passed in collecting the materials of three excellent volumes. It is thought by some, without any intention of undervaluing the last work, that his history of the spotted fever, written about twenty years ago, will hereafter be considered the most prominent and important of anything this veteran physician and medical philosopher has ever given to the public. We hear that Dr. Gallup is now in feeble health.

Dr. M. R. Fletcher's Truss.—A diploma was granted by the Charitable Mechanic Association to Dr. Fletcher, for his ingenuity in the construction of the truss, now so extensively known as his invention. The committee perfectly coincide with some of the most eminent surgeons of New England, in believing it a superior instrument.

Medical Miscellany.—Cases of smallpox have appeared at Chicago, and some alarm created.—The epidemic which proved so fatal for some time at Tampa Bay, has wholly subsided.—The Censors of the first medical district, in this State, will meet at No. 29 Winter street, on Wednesday, January 29th, for the transaction of business.—The National Medical Convention, which met at the city of Washington on the first of January, referred the subject of the revision and re-publication of the United States' Pharmacopœia, to a select committee. Some other business was transacted. —Dr. Thomas Williams, of the naval hospital, at Norfolk, has been appointed fleet surgeon of the Mediterranean squadron, in place of Dr. Ticknor, who resigned.—Mention is made of an unusual mortality in the New York Almshouse.—Smallpox has appeared on board the ship Independence, just arrived at Montevideo.—Dr. G. W. Cook has been elected Mayor of Hudson, N. Y.—Quite an excitement has existed at Worthington, Ohio, in consequence of one or more dead bodies having been taken from their graves, as was suspected, by some one in the employ of the Reformed Medical College (so called) in that place.—An appropriation of $22,000, for the establishment of a State Lunatic Asylum, recently made by the Legislature of Pennsylvania, has been vetoed by the Governor, on the ground that the State treasury is in too low a condition to warrant the expense.—The number of cases reported by the physicians of the Lowell Dispensary, as having been under treatment during the last year, is 94, of whom two thirds were foreigners. Recovered, 56 ; died, 14.

To Correspondents.—The communications of Drs. Flint, Barker and Clough, were duly received.

Married,—In Braintree, Dr. John A. Cummings, of Boston, to Miss Sarah E. Thayer.

Died,—In Lewes, Del., Dr. Simon K. Wilson, 44.

Whole number of deaths in Boston for the week ending Jan. 18, 38. Males, 21—females, 17.

Of consumption, 6—smallpox, 4—rheumatic fever, 1—dropsy on the brain, 2—dropsy, 4—lung fever, 5—croup, 3—debility, 2—teething, 1—old age, 1—infantile, 2—child-bed, 2—fits, 1—inflammation of the bowels, 1—inflammation of the lungs, 1.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—" I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, " The Western Journal of Medical and Physical Sciences."

Professor McCleland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that " every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—" Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—" Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, $10.

June 12—1y

VERMONT MEDICAL COLLEGE.

The next annual course of Lectures at this Institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Chemistry and Materia Medica, by David Palmer, M.D.
Theory and Practice of Medicine and Obstetrics, by Henry H. Childs, M.D.
General and Special Anatomy and Physiology, by Robert Watts, Jr., M.D.
Principles and Practice of Surgery, by Gilman Kimball, M.D.
Medical Jurisprudence, by Hon. Jacob Collamer, A.M.
Pathological Anatomy, by Robert Watts, Jr, M.D.
Demonstrator of Anatomy, Samuel W. Thayer, Jr., M.D.

Terms for the course, $50.—Graduation, $18.—For those who have attended two courses, but do not graduate, $10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in this village, on reasonable terms.

The new edifice, with large, convenient, and comfortable lecture rooms, will be in readiness for the reception of the class the next term.

By order of the Board of Trustees,
Woodstock, Vt., Jan. 3, 1840. J. 8—eoptM15 N. WILLIAMS, Secretary.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructers.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

Anatomy.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

Surgery.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

Chemistry.—Recitations and instructions by Dr. Storer.

Physiology and Pathology.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

Midwifery.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

Theory and Practice of Medicine, Clinical Instruction, and Materia Medica, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
Boston, Nov. 20, 1839. eplmeop6m D. HUMPHREYS STORER,
OLIVER W. HOLMES.

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

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THE

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PROF. SCHULTZ'S EXPERIMENTS ON DIGESTION.

Concluded from page 382.]

I must now speak of diseased excitement of the motion of the stomach. There is another circumstance which causes a morbidly quick motion of the food from the stomach into the intestines, namely, too great fluidity. We have already seen, that the food, corresponding to its time of continuance in the stomach, becomes more or less consistent. This happens, also, with liquid articles of food, for milk is changed in the stomach of calves into a cheesy lump of almost stony hardness, from which all the whey has disappeared. In milk this is caused, evidently, by its speedy coagulation, and the absorption of the whey by the vessels of the stomach; and in other liquids which are not coagulable, by the simple absorption of their fluidity. It must not be supposed that watery food is in itself hurtful to the digestion, for its fluidity is absorbed and the solid matter remains behind. However, there are fluids which, from their stimulating or indigestible qualities, either always, or only under certain circumstances, quicken the motion of the stomach so much, that the fluidity cannot be absorbed before it, as well as the solid parts, are removed from the stomach without being digested. This, it appears to me, is the cause of the prejudicial effects of milk, raw eggs, coffee, &c., which I have observed, partly upon myself and partly upon animals.

Milk, particularly in weak stomachs, quickens the motion of that organ so much, that even before it is coagulated it disappears through the pylorus. The digestion of the food with which the milk is taken will hereby be disturbed, and as it goes mostly undigested into the intestines, will also cause a disturbance of the cæcal digestion, which will be followed by diarrhœa. The action of beer, particularly only half-fermented beer, is similar.

The same is the case with the raw yolk of eggs, the nourishing properties of which I do not dispute, but merely maintain, that in weak stomachs it is hardly digestible. Hard-boiled eggs are more easily digested than raw, as they do not excite the motion of the intestines.

The effects of cold water are also similar. However, here it is not the water, but merely the cold which improperly affects the motion of the stomach, for in weak stomachs hot water always produces the most beneficial effects.

Of all fluids, the prejudicial action of coffee is the greatest. The carbonization of a part of its oil during roasting, appears to be the cause of this property. It is not merely itself indigestible, but also makes all other food with which it is taken, likewise indigestible. From its stimulating properties the motion of the stomach is so greatly increased, that its whole contents disappear before they are digested. This, in the healthy state, and when the stomach is overcharged, may relieve those complaints which are mechanically produced by the distention of the stomach, and it has therefore been generally thought that coffee promotes digestion. However, in fact, it disturbs it, and can only cause a momentary relief, which is presently followed by a greater evil, namely, a disturbed cæcal digestion. It is evident that coffee taken in the morning, when the stomach is empty, cannot have this effect, for it can only go quickly through the intestines to the already digested excrement, without disturbing the digestion of other food.

There still remains something which requires illustration, namely, how the stomach of amphibious animals and fishes, which is nearly uniformly extended on all sides, or at least whose small curvature is but little shortened, can detain its contents so long as is usual in these animals. The reason of this may be easily perceived if we consider that the peristaltic motion is here so slow and weak, that it is hardly to be recognized, and has been, indeed, altogether denied by several naturalists.

The degree of digestibility of meat is different, according to the way in which it is prepared, and also according to the different animals, and the parts from which it is taken.

Roasted meat is harder to digest than either boiled or raw. Its more difficult digestibility is probably caused by the partial carbonization and hardening of its muscular fibres, which even after separation from one another, go over into the intestines mostly unchanged, while the fibres of boiled meat are entirely dissolved. That according to the degrees of roasting, gradual approximation to boiled meat may take place, is self-evident.

Smoked or salted meat, such as ham, is easier to digest than roasted, and harder than boiled meat. To preserve the meat from spoiling, it is saturated with the carbon of the smoke, and is rendered the more indigestible the more it is smoked, and in consequence dried. All substances which are used for the preservation of meat, render it, at the same time, indigestible, as it thereby becomes less soluble, for the most easily decomposible meats are in general the most easily digestible. Fat, particularly when surrounded by cellular tissue and thoroughly smoked, is still less digestible than roasted meat.

Cheese, new as well as old, is nearly as digestible as boiled meat; nevertheless, its peculiar volatile part brings much foreign matter into the blood, which strongly stimulates the secreting organs, and gives rise to various complaints of the bladder. I have found that the flesh of the lower animals is in general harder to digest than that of the higher classes, and the easiest of all is the flesh of the mammalia and birds. Fish boiled, as well as salted, such as salmon, herring, &c., is harder to digest than the roasted flesh of the mammalia, and roasted and salted fish more so than boiled. The flesh of the crustacea, as is shown by my experiments upon crab's flesh, is still more indigestible and injurious, and is not in the least altered, even when the roasted meat begins to be digested. This explains the fact that fish and crustacea require very healthy digestive organs to be digested, and very easily excite intermittent fevers in people who are a little disposed to disease. I am acquainted with an example of this in the village of Binnenwalde, near Rheinsberge, where, during autumn, a great many people were afflicted with an intermittent fever every Wednesday and Saturday. Upon further inquiry, it was found that, at this season of the year, the Tuesdays and Fridays were employed in fishing, and that most of the inhabitants ate fish in the evening or on the following day. With the changing of the day for fishing, the day upon which the fever broke out changed also; and when I explained to the people the effects of fish, and the sickly ate no more, the fever became more rare, and at last ceased entirely.

The violent fits of illness which in many people follow the eating of crabs, &c., and even the poisonous effects of certain fishes, appear to arise from their general indigestibility.

Oysters are the only exception to the indigestibility of the flesh of the lower animals. Nevertheless, that there is a certain similarity between them and fish, is shown by their frequent poisonous effects. It is also not known whether the oysters are really quickly digested, or whether, from an excitement of the motion of the stomach, they go speedily through the intestines, either partly or wholly unchanged. This is the more probable, as in many people they are apt to produce diarrhœa. The chyme, also, of oysters is much less acid than that of meat.

The boiled flesh of fowls and pigeons I found was easier to digest than boiled beef or veal. In general, the flesh of young animals, especially veal, appears to excite the motion of the stomach, and by causing diarrhœa, to render its digestion less perfect than that of the flesh of full-grown animals. I have not observed any difference in the digestibility of the lean parts of mutton, pork or beef, although pork and mutton are generally less digestible, on account of the larger quantity of fat which they contain.

In all these different sorts of meat I have observed that their digestibility is much promoted by a perfect distinction of their living principle, by allowing them to hang in the air more or less time, according to the season of the year. I have often seen in cats and dogs, that the flesh of old animals, boiled perfectly fresh, is as indigestible as when eaten raw, and in man, also, with a weak digestion, the same difference in the digestibility of fresh and stale meat may be observed. The flesh of domestic animals, by becoming a little stale, is more easily digested, and is then, also, more digestible than that of wild animals. Among these latter, venison and wild boar are hardest to digest.

In general, it may be inferred from my observations, that it is of great importance to establish a difference between the digestibility and nourishing properties of food, since very nutritious but indigestible substances, such as smoked and roasted meat, are often more injurious than such as are less nutritious but easily digested, as the finer vegetables, spinach, asparagus, &c.

On the other hand we must not determine upon the digestibility, or at least the nourishing properties of food, from the feeling of facility with which it is removed from the stomach. All those kinds of food which, by strongly exciting the motion of the stomach, go quickly into the intestines, may be easily borne by the stomach, but are very imperfectly dissolved, and at last are followed by all the consequences of disturbed digestion. They afford the body, therefore, only a very small quantity of digestible matter, and are again excreted mostly unchanged. On the contrary, there are other kinds of food which, on account of their long continuance in the stomach, appear for the moment to be hard to digest, yet are nevertheless perfectly digestible, and never followed by bad consequences upon passing into the rest of the intestines.

There are, therefore, really indigestible substances which, under certain circumstances, and taken in moderate quantity, are easily borne by the stomach, for instance, oysters, milk, eggs, coffee, &c.; and there are, also, substances easily digestible, which sometimes appear to be less easily borne by the stomach, as is sometimes the case with boiled meat, particularly when taken in large quantities, which, on account of their perfect chymification, always remain longer in the stomach.

SIR B. BRODIE'S CLINICAL REMARKS ON MORTIFICATION.

Inflammation may terminate in mortification, but mortification may arise from a number of other causes, as well as inflammation. Some particular inflammations are more likely to terminate in mortification than others, as when they are produced by the bites of venomous reptiles or from wounds. A local injury may bring on inflammation, and this may bring on mortification; but an injury may be so great that the part which receives the injury loses its vitality at once, therefore local injury may bring on mortification in two ways; first, by producing inflammation, and then the inflammation terminating in mortification; and secondly, by destroying the vitality of the part at once. Some parts of the body are more liable to become mortified than others. These parts are the cellular membrane, because it has a lower vitality than some other parts; therefore it is more disposed to become mortified than the skin, because it has less vitality. The skin more readily mortifies than the muscles, for the same reason; this is often proved from the effect of blows on, or fractures of, the leg and thigh. The integuments swell up, and after a day or two, you will feel an emphysematous crackling beneath the skin when you press upon it. Now, in such a case, if you cut down upon the cellular membrane beneath the skin, you will find it dead. Not only are some parts of the body more disposed to mortify than others, but there are some constitutions which are more predisposed to take on mortification than others. Those who are addicted to drinking ardent spirits; those whose constitution has been shattered by repeated attacks of disease, or indulgence in vicious habits, are more prone to mortification after the receipt of a local injury, so much so, that in all such cases you will find that the effect resulting from the injury is beyond all proportion to its cause. If any fluid, as urine for instance, gets into the cavity of the peritoneum, it brings on inflammation; but if it gets into the cellular membrane, you will find that mortification will come on; will find the patient's pulse will be full and frequent, and not hard, as you might expect in inflammation, and that the part is swollen. You put your hand over it, and you feel, as I have before said, an emphysematous crackling upon making slight pressure; the skin is hot, and if the inflammation be extensive, there is hiccough, the belly is blown up with air, the pulse soon gets feeble, delirium ensues, and the patient dies. Where there is internal mortification, the symptoms are the same. If the patient dies of mortification of an external part, it is generally the cellular membrane that is mortified. But will not the skin also get mortified? Most certainly it will, if you do not prevent it. And how do you prevent it? Why, by making free scarifications through the skin down to the cellular membrane, and setting free the tension under which it labors; and if you do this in good time, you will generally prevent the progress of the mortification altogether.

Whenever you suspect that the cellular membrane is mortified (and you will have the emphysematous crackling when that occurs), make free scarifications, and let out the putrid exhalations beneath, which are poisoning the system. Having made the scarifications, the other local treatment should consist of poultices and fomentations. You may apply, as a wash, a solution of the chloride of soda; if it does no other good, it will take off the offensive putrid odor of the parts.

With respect to the constitutional treatment, no general rule can be laid down. In some cases, where there is much inflammatory action, purgatives and diaphoretics must be given; but when the inflammation has subsided, you must leave off the antiphlogistic remedies, and give stimulants, to excite the system, but never to such an extent as to produce fever. For such a purpose you may administer either opium or ammonia. But suppose that a mortified part separates, we call that the process of sloughing. We know but very little of the physiology of this process, which may be described best to you as a peculiar form of ulceration. Whilst this process is going on, you must encourage it by the constant application of fomentations and poultices. Ulcers may, perhaps, form from the scarifications you have made, and these must be treated according to the rules I laid down to you when speaking of them. But you will, perhaps, ask—may you not amputate when mortification is going on? I think you may. Of course you would not amputate when mortification in the cellular membrane is complete: you are told to scarify, and what, I would ask, is amputation, but scarification in a more extended sense of the word? When mortification is the consequence of contusion, it is to be treated as contusion. You will feel the emphysematous crackling of mortification; scarify the parts, therefore, immediately, and you will save the skin.

Old persons are very subject to ossification of the arteries; the femoral, popliteal and peroneal arteries sometimes ossify, and if the ossified arteries contract, the patient will be very likely to have inflammation of the toes, terminating in mortification. The symptoms by which you may know this are pains in the toes; the foot and leg will become œdematous; or perhaps, from a trifling accident, some inflammation is produced, and in both these cases mortification comes on; at another time, perhaps, the patient finds his feet get very cold; he immediately applies external warmth, and takes some internal stimulant, and the mortification is averted; but if, on the other hand, it be neglected, the foot becomes white and cold, the patient complains of great pain, and the toes begin to mortify at their extremities; in either way the progress of the mortification is different. It is sometimes rapid, when it obtains the title of "acute," the skin will become hot, the tongue loaded, the pulse rapid and frequent, the mortification will spread over the foot, delirium will ensue, and death will be the result; or it may, on the other hand, be slower in its progress, when you will have a feeble pulse and a cold clammy skin; the patient falls into a state of coma, and dies. The mortification that comes on in the toes, from ossification of the arteries in the leg and thigh above, may be very likely to destroy life, but will not always do so. When, in such a case, inflammation ends in mortification, if the pulse indicates fulness, it may become a question whether blood should be taken from the arm. The result of my experience in such cases is, that such a practice would prove unsuccessful to the safety of the patient. With respect to local remedies in such a case, you must keep the parts warm; if there be, however, much heat and inflammation about them, you must apply cold lotions, or warm fomentations and poultices, according to circumstances. Some surgeons recommend you to rub the leg above with stimulating liniments, but I do not think that they do any good. Keep your patient quiet in bed; if there be much pain, give him *opium;* I do not know that it is of much service, except where there is severe pain, when you must give it in large doses, in the proportion of one grain every four hours. You may give stimulants internally, for although you cannot increase the diameter of the ossified arteries, you can increase the velocity of the circulating blood. For this same purpose you may give your patient a little wine, but not sufficient, of course, to produce fever. In cases of this kind, where persons have been accustomed to drink a great deal of wine, it may be necessary sometimes to give them as much as a bottle a day. My own opinion as to the employment of stimulants in these cases, induces me to prefer ammonia to all others. You may, for this purpose, give your patient six grains of carbonate of ammonia every four hours. The parts affected with mortification become putrid, and in process of time they separate. This process of separation occurring in the foot, is very slow and tedious, because it has to slough through tendons, ligaments and bones. It therefore becomes a question, whether you are to amputate in these cases of mortification, caused by ossified arteries, and when are you to do it? If things proceed favorably, the parts will separate, in time, of their own accord, and nature will make a very good stump, with a little assistance of the surgeon's saw in getting through the bone. But there is another question, with reference to this subject, and that is, should you amputate during the progress of mortification? I always oppose it. I think that you should never amputate under these circumstances; but it is done, however, in some cases by some surgeons. In old persons who die of mortification of the toes, the femoral artery is very commonly contracted in its diameter. Now, whether this is caused by inflammation of its coats or not, I do not know.

There is another disease of the arteries causing mortification, but I have only seen three cases of the kind. One was an obliteration of the artery, caused by inflammation of its coats; the symptoms were pain and tenderness in the course of the artery. In this case the sloughing process proceeded favorably, and the parts separated down to the bone, which I sawed through, and a good stump was formed. Now, why does not mortification ensue after applying a ligature to the femoral artery? If you tie an artery, the obliteration is only in the trunk of the artery, but not in the anastomosing branches; but in a case like the one I have just named, it is not only in the main trunk, but in the branches of that main trunk also. Mortification will also occur in the toes after typhous fever. In such a case it is, of course, owing to a languid circulation, and from this cause parts at the extremities may also become mortified, after other severe diseases. Besides the causes which I have already mentioned, there are various others that may produce mortification, such as the actual cautery, and the various caustics, which act by destroying the vitality of the part to which they are applied. The actual cautery acts mechanically, and the caustics chemically; but there is one caustic, however, which operates only on the vitality of the part to which it is applied, and not chemically; this is arsenic. The other caustics act on the dead body, but arsenic does not. Mortification, when caused by the use or abuse of these caustics, requires the same local treatment which I have before described; you must apply poultices and fomentations, and wait for the process of suppuration. Indeed, in such cases as these, a surgeon should do but little. He should look to the constitution, and judge if it is able to go through what is required; if so, you should let nature effect the cure, but if the constitution be too weak to bear the process of the separation of the parts, then the surgeon must act according to the circumstances which present themselves. Of the surgical nomenclature used for this affection, I should have spoken to you first. You will meet in authors with the words gangrene and sphacelus. The first of these signifies that period when the parts are not quite dead; the second means that period when the mortification is complete. From gangrene the patient may recover, from sphacelus never.—*Lancet.*

VESICULAR SMALLPOX—AN EXPERIMENT, &c.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—About ten years ago vesicular smallpox was brought from New York to Northampton, where I then resided. There occurred, probably, in the village, one hunded cases in all; in the unprotected perhaps twenty, of which a majority died. In its mitigated form, called "varioloid," those who had previously had smallpox were as susceptible of the disease, in proportion to their numbers, as those who had been vaccinated. In both the latter the disease was comparatively mild, and, under other circumstances, might have been mistaken for chickenpox, which it very much resembled.

At this time I persuaded Thos. Cole, who lived in a remote part of the town, to be inoculated with matter which I had taken from a *varioloid vesicle.* His family consisted of himself (unprotected either by smallpox or cowpox) ; his wife, who had smallpox by inoculation forty years before ; and their two sons, both of whom had been vaccinated. In proper time (seven or eight days after inoculation) Cole had the "symptoms" pretty smartly for one day, which subsided and ceased on the appearance of one large, mammoth vesicle on his forehead. I watched this case with some solicitude, and as the rest of the family were protected, I had no fears on their account. But in due time (about seven days) Thos. Cole, Jr., a son, who had been vaccinated, took on the "symptoms," and had a full crop of varioloid vesicles. By this time Mrs. Cole, who had not been in our councils, began to suspect "foul play," and she charged me directly with having given to her husband and son the smallpox, which she said she recognized from the symptoms. But she had no apprehension for herself, as she had had the smallpox. Notwithstanding her confident security, within the week *she* took on disease, and had varioloid more severely than either her husband or son. The other son was confined, at the time, of continued fever, and though in the same room with the family, escaped the disease.

Pustular smallpox and cowpox equally render the system less susceptible of the infection of vesicular smallpox, and though not a perfect protection, they disarm the disease of its virulence, and afford the best and only security we have. If it should appear, as I confidently think it will, that vesicular smallpox is a distinct disease, it will give a new direction to the inquiries of medical men, and a future Jenner may discover a substitute as mild and as effectual as is cowpox for pustular smallpox.

Respectfully,
Springfield, Jan. 10, 1840. JOSEPH H. FLINT.

NOTE.—Is there on record, or in the recollection of any one familiar with vesicular smallpox, a single instance of secondary disease? J. H. F.

HERNIA.

[Communicated for the Boston Medical and Surgical Journal.]

IT is computed that one in twelve of all the human race are afflicted with this complaint. It is, to say the least, a very troublesome infirmity, and if neglected or maltreated, it is one which not unfrequently proves fatal. The frequency of its occurrence renders people in some measure insensible to its importance. They go to a truss-maker to be fitted with a truss, and truss-makers generally have a favorite truss which it is for their interest to apply in all cases. It is well known to physicians that there is a great variety of ruptures, and that they vary in degree and require different treatment. It cannot be expected that a truss-maker should be familiarly acquainted with the anatomical structure of the parts concerned in hernia. It is no disparagement to him to say that this is not expected of him. It would be unwise in him to spend two or three years in acquiring a knowledge of anatomy and physiology. Why, then, should he think it a duty incumbent on him to say what truss is best adapted to any and every variety of rupture? It is the province of an M.D. to determine this.

I am induced to make the foregoing remarks, not from any wish to interfere with the business of truss-makers. The wish to lessen their business is far from me. I wish to see every mechanic, who attends to his business, and is a good workman, have a plenty to do; and usually this is the case. Those who know me best, know that I am a friend to mechanics, and that I patronize them liberally. It has, however, appeared to me for many years that the treatment of hernia ought to be exclusively under the direction of a surgeon, who certainly ought to be best qualified to judge what kind of truss or other application is best adapted to the particular case and to the particular situation, sex and occupation of the patient; and I have recently been made acquainted with a case which confirms me in this opinion. A female friend of mine, who had for many years been suffering from double hernia, and who had employed most of the truss-makers in this vicinity, each of whom applied a different kind of truss, though none of them answered the purpose, at length heard of Dr. E. W. Leach, 134 Hanover street, and that he had, while in Europe, paid particular attention to the subject of hernia, and had been extremely successful in the treatment of this complaint since his return. She sent for him, and he adapted a truss to her particular case, which rendered her very much more comfortable than she had been for many years. Being told by my female friend of this circumstance, I called upon Dr. Leach, for I had myself been troubled with a rupture over twenty years, and had tried all the variety of trusses that came within my knowledge. He immediately fitted me with a truss that I must do him the justice to say, rendered me much more comfortable, and answered the purpose better than any one I had ever tried. I never asked who was the inventor or maker of the truss, nor do I know. Dr. Leach is not wedded to any particular kind of truss, but selects from all kinds the one he thinks best adapted to the particular case which comes under his treatment. I sincerely wish him success.

A Physician.

STATISTICS OF MORTALITY IN WILTON, ME.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In the discussion now going on in your Journal, relative to dietetics, I noticed the assertion by one of your correspondents that the average mortality in the United States, was about 1 in 40. He supposes it to be in New England, 1 in 41. It seems to me his computation cannot be correct. Would it not be well for medical men, generally, to keep a record of all cases of mortality occurring in their vicinity? There would then be fewer " retailers of hearsay and compilers of facts."

This town has the reputation, in this vicinity, of being quite unhealthy. The past year has been particularly so. Scarlatina, typhous fever and other diseases have prevailed to an unusual degree.

The whole number of deaths in town from Jan. 1, 1839, to Jan. 1, 1840, is thirty-five. Consumption, 6 ; palsy, 1 ; dropsy, 1 ; brain fever, 2 ; scarlet fever, 3 ; mortification, 1 ; old age, 3 ; dysentery, 2; infants, 6 ; scrofula, 1 ; chronic inflammation of the stomach, 1 ; quinsy, 1 ; fever, 2 ; 3 children unknown ; stillborn, 2. Sixteen under seven years ; nineteen over thirteen, *two males* and *seventeen females ;* 8 between twenty and thirty ; 6 between thirty and forty ; 1 between fifty and sixty ; 3 over eighty. Population of the town, 2300 ; making the proportion 1 in 65.7.

If you think the above statistics, which have been kept the past year with great care, worthy an insertion in your Journal, you are at liberty to use them.

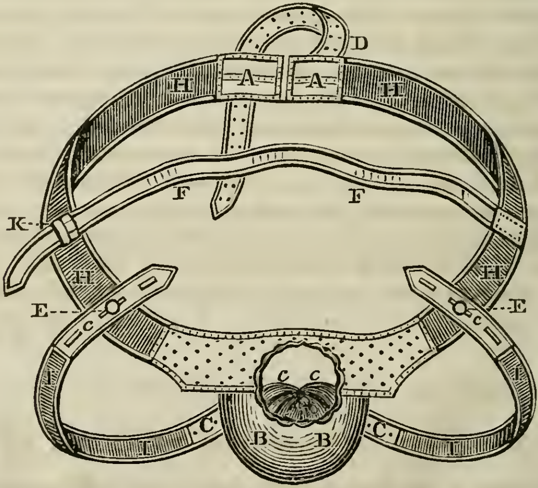
Yours, truly,

Wilton, Me., Jan., 1840.

John Barker.

IMPROVED NON-ELASTIC SUSPENSORY BANDAGE.

For the immediate relief and permanent cure of Circocele and Varicocele, and for supporting the Testicles under all circumstances where support is required. Invented by Heber Chase, M.D., *of Philadelphia.*



Description of the new Suspensory Bandage.—A, A, The band or belt of the suspensory, which passes around the body and is secured by a buckle at D. B, B, The sac to retain the testicles. C, C, The thigh straps, which are attached at one extremity to the lower and posterior part of the sac at *c*, *c*, pass along the sides of the perineum and round the base of the buttocks, continue upward on the outside of the nates and behind the trochanter major, to be attached to the band at E, E, by means of buttons. F, F, The abdominal band which passes across the stomach and is buckled at K, which is intended to prevent the suspensory from falling over the hips. H, H, India-rubber webbing introduced between the more unyielding parts of the suspensory belt. I, I, India-rubber webbing, constituting the middle part of the thigh straps.

This Suspensory Bandage was invented for the cure of circocele and varicocele, and for the relief of diseases connected with the testicles; and it is found to be worn with far more comfort and ease, than any other apparatus ever devised for the support of these organs. It is also designed to be employed under all circumstances where support is required for the testicles or cord, and it may even prove useful in preventing varicocele in warm weather, and under the action of certain other predisposing causes of this disease.

"Frequent and troublesome as is varicocele, we must hail with thankfulness the presence of a new and simple apparatus (Chase's Suspensory) for mitigating its discomforts, even if it should not, which this promises to do on the evidence of facts, entirely eradicate it."—*Eclectic Journal of Medicine.*

"These defects [defects in the common suspensories] are remedied in the best suspensory for varicocele which we have seen. It was contrived by Dr. Heber Chase, &c."—*Surg. Depart. of Coates's Popular Medicine.*

For a full description of this instrument, application, mode of action, and cases treated, the reader is referred to the following work :—

"The Final Report of the Committee of the Philadelphia Medical Society, on the Construction of Instruments, and their mode of action in the *Radical Cure of Hernia* (from three years' observation); accompanied by a collection of the practical facts contained in the Preliminary Report: with notes, illustrations, and additional cases of Hernia, and diseases resembling hernia, with a Tabular Statement of 200 cases of this disease. Also, illustrations of certain instruments designed for the treatment of other diseases affecting similar parts. By Heber Chase, M.D., Member of the Academy of Natural Sciences, Honorary Member of the Philadelphia Medical Society, &c. One Vol., 8vo., pp. 243. For sale by J. G. Auner, Market street, Philadelphia."

SINGULAR CASE OF A WOMAN DELIVERED OF FIVE CHILDREN.

Giuseppa Califani, of Naples, at the age of fourteen years and three months, was married to a man aged twenty-seven, by whom she had ten children at eight accouchments; at the fifth and sixth producing twins. She lived with her husband ten years, and remained a widow three years after his death; she then took a second husband, whose age was about twenty-nine. After two regular accouchments, upon her third pregnancy she became enormously large; so that, at seven months, she appeared to be at the termination of her natural period. She was taken, however, at seven months, with labor pains, and brought forth successively, and by natural presentations, five living children, all of whom were baptized. The mother did not suffer anything extraordinary. Four of these children were females. The male infant was delivered first, and, after a few minutes, one female; then, after a cessation of fifteen minutes' interval between each, the other three followed. The infants much resembled each other, and were of a regular form and well grown, and very nearly of the ordinary size of a seven months' fœtus; each weighed about 3½ lbs., and measured in length a French foot. The insertion of the umbilical cord was about four lines lower down than ordinarily. The placentas with their membranes were four instead of five; and each had its proper umbilical cord, except the fourth, which contained two in one large sac. The fœtuses, with their membranes, placenta, and umbilical cords, are preserved in the Royal Anatomical Museum of the University of Naples. Vincenzo Licci, of Calimera, in Otranto; Vincenzo Massari, of Molfetta, in Bari; and Dr. Antonio Scacani, of Naples, conducted the examination.—*Bul. delle Sci. Mediche.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 29, 1840.

SOLITARY CONFINEMENT IN PRISONS.

From the 14th Prison Discipline Report, are gleaned the following facts. Dr. Colman, physician of the New Jersey Penitentiary, says that the prison has an average of 105½ convicts a year. The diseases for the year were these, viz.: asthma, 1; bilious fever, 3; bloody tumor, 1; constipation, mild, 26—obstinate, 1; bilious colic, 4; cough, 4; catarrhal fever, 5; dyspepsia, 4; diarrhœa, 14; dysentery, severe, 2; pleurisy, 1; rheumatism, 7. The tendency to glandular obstruction is seen in almost every prisoner who has been confined in the cells for more than a year, when he is in the least degree indisposed. The complexion is pale, of a dropsical hue, such as continued shade almost always produces, and the symptoms of disease of the internal organs are of a character that marks the languid action that prevails under such circumstances. Some post-mortem examinations have been made, and in all of them the lymphatic glands were enlarged to an enormous degree, indurated and obstructed.

Hereafter, as circumstances allow, we intend to show, by the concurrent testimony of intelligent medical attendants of American prisons, that the practice of solitary confinement, now so much in vogue in this country, is not only absolutely cruel, but barbarous. It breaks down the mind of the miserable, incarcerated being who is the subject of such diabolical treatment, deranges all the functions of the body, and if he happens to survive this modern madness of the law, he goes out into the world in a state of disease which makes life a burden, and ever after disqualifies him for active labor or mental enjoyment.

Fees of Physicians.—With all the modern improvements in the modes of transacting professional business, it is rather strange that the English plan of paying physicians has not been adopted in the United States. Here the medical practitioner goes everywhere, at every hour, night or day, without knowing even the character of his patient, and much less anything about his ability to pay for medical services. Thus scores of physicians and surgeons have worn themselves out, and died in poverty, because most of their debts were not collectable. Half of a physician's life is actually spent, both in town and country, in making visits for which he will never receive a farthing. It is quite as important that he should receive a fair compensation for his labor, as any other person who depends upon the practice of a daily avocation.

Now in England, when a medical man is requested to make a visit, it is understood that the fee is to be paid on leaving the patient, and that without deviation, even when the attendance is prolonged for weeks in succession. By this simple arrangement no debts are lost, where there is ability to pay—no system of book keeping is required—the value of a practice may be estimated, and some calculation made upon one's ability to maintain and educate a family. The whole process of practising physic in New England needs re-organization. Let the physician be paid at every visit—particularly in cities—and the sick would eventually be the gainers by it. After years of toil, hundreds of our best practitioners die in poverty, who by the simple course we advocate, would have left their families a competence. The remedy lies with our professional friends. If they demand their reasonable fees, and all concur in the same just scheme, the result will be mutually beneficial. Instead of continuing visits, as is sometimes the case, till the prospect of a formidable bill begins to alarm the sick or their friends, never make a visit unless requested to do so, from time to time. We sincerely believe that a change for the better would be brought about in this, acceptable to the whole community. Those, therefore, who have the courage to make a beginning, will first reap the great advantages arising from an equitable mode of practising medicine and surgery.

Medical Affairs in India.—Dr. Corbyn, editor of the India Medical Journal, through a gentleman who arrived in Boston, from Calcutta, on Saturday, January 11th, sent a small package, from which the following items are gleaned. It is almost certain that all our exchange India Journals, together with those designed for other periodical exchanges in the United States, which usually come to our care, were burnt at sea in the ship Harold, an account of whose destruction by fire, on her homeward bound voyage to this port, was narrated in the daily papers of last week.

A correspondence has taken place between the Medical Board and his Excellency the Commander in Chief, wherein the Board solicit that a portion of the medical patronage may be placed in its hands similarly to the vesting of authority in officers commanding regiments to appoint their own adjutant. His Excellency has refused the request, but expressed his determination to bestow lucrative appointments on the senior officers of this branch of the service.—Dr. McCosh has been appointed, or is to be, to a regiment of cavalry, of the Oudh brigade.—Dr. Jackson has been compelled to remain in the office of apothecary of the Hon. Company's service, in consequence of the non-arrival of Dr. Grant, from England.—

Mr. L. T. Watson, made Surgeon; also Mr. E. V. Davis, Assistant Surgeon.—A. Donaldson, M.D. has charge of the recruits at Agra.

Ohio Lunatic Asylum.—Whole number of patients admitted into the Asylum from the 30th of November, 1838, to the 15th of November, 1839, 157. Males, 87; females, 70. Old cases, 114; recent do., 43.* Paupers, 125; pay patients, 32. Single, 88; married, 56; widows, 11; widowers, 2. Discharged during the year:—Recovered, 27; incurable, 5; idiotic, 2; eloped, 1; died, 8—43. Number remaining in the Asylum:—males, 61; females, 53—114. Per cent. of recoveries on recent cases in 8 months, 71.43. Of those remaining in the Asylum, the prospect seems to be entirely favorable for 15; favorable for 15; doubtful for 34; unfavorable for 50.

Duration of Insanity before Admission.—Less period than one year, 43; from one to five years, 67; five to ten years, 22; ten to twenty years, 16; twenty to thirty years, 6; unknown, 3.

Ages of the Patients when admitted.—Under twenty years, 7; between twenty and thirty, 71; between thirty and forty, 41; between forty and fifty, 20; between fifty and sixty, 14; between sixty and seventy, 4.

Supposed remote or exciting causes.—Intemperance, 7; domestic affliction, 6; puerperal, 13; ill health of various kinds, 14; loss of friends, 4; matrimonial perplexities, 4; fright, 3; intense application, 3; jealousy, 2; disappointed love, 10; epilepsy, 9; injuries of the head, 5; constitutional, 10; disappointment and mortification, 10; masturbation (*produced or perpetuated by the practice*), 16; fear of want, loss of property, &c., 7; ill treatment from parents or guardians, 2; religious excitement and anxiety, including perplexity, exaltation, enthusiasm, fanaticism, doubt and fear of future punishment, 15; unknown, 17.

Species of Insanity.—Mania, 101; do. melancholic variety, 17; do. epileptic, 12; do. homocidal, 4; moral insanity, 10; incoherence or dementia, 10; idiotism or imbecility, 3.

Pin lodged in the Ear.—Margaret Duff, æt. 18, was admitted into Gray's Hospital, Elgin, January 28, 1839. About a year ago, while picking her ear with a pin, she inadvertently allowed the pin to slip into her ear. Till lately she has not suffered much inconvenience from the accident, but now the pain is very distressing, and she is most anxious to have it taken out.

The ear was minutely examined and re-examined by the aid of bright metallic tubes, to throw the light into the bottom of the meatus, but not a vestige of the pin could be seen. A small speck, to be sure, was seen, but it was doubtful whether it was not a glistening point of the membrana tympani; and, in this state of uncertainty, although an attempt was made to lay hold of it, the attempt was not persevered in. Fomentations, opiates, the occasional application of leeches, as circumstances might require, were the only means that could be thought of to allay the pain, as the removal of the pin appeared impracticable.

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* Cases are denominated recent or curable, when the duration of the disease is less than one year before the admission of the patient. Institutions differ much in regard to this rule, which is deserving of notice, as the result will be materially changed where the periods of three, six, or nine months are adopted.

April 30. The ear has been examined from time to time since her admission, but it was only to-day that the head of the pin could be seen; it was laid hold of by a small forceps, but it came out without the body. The ear was then washed out with warm water, but it was impossible to get a view of the body of the pin. The pain of late is so intensely severe that the patient is almost constantly moaning and screaming out. She seldom sleeps, and opiates have little effect in procuring rest or even affording any relief, although she takes to the extent of two drachms of the sedative liquor in the course of the day. For the last few days she has voided no urine without the catheter.

May 28. The pin made its appearance at the external ear to-day, and was removed; she now feels quite relieved from pain. She required the catheter till yesterday.

It is evident that the pin had penetrated the membrana tympani, and had advanced as far as its head would permit. I think the head must have fallen off from the body, and been lying at the bottom of the meatus when I laid hold of it with the forceps. It is remarkable that the long-continued and intense irritation which it kept up did not occasion suppuration in the ear.—DR. J. PAUL, *in Lancet.*

Boston Bill of Mortality for 1839.—The whole number of deaths (including the stillborn), was 1863.—Of the diseases, 222 were consumption; 212, scarlet fever; lung fever, 82; typhous fever, 46; apoplexy, 20; convulsions, 37; croup, 46; dropsy, 87; dysentery, 30; hooping cough, 34; diseases of the heart, 29; inflammation of the bowels, 50; do. of the lungs, 18; infantile diseases, 88; intemperance, 30; delirium tremens, 8; palsy, 14; smallpox, 58; teething, 29; stillborn, 141; accidental, 16; burns, 11; child-bed, 17; drowned, 30; insanity, 3; lockjaw, 1; fractured leg, 1; fractured skull, 1; introsusception, 1; murdered, 1; old age, 53; poison by paint, 1; scalded, 4; sudden, 10; unknown diseases, 129.

Medical Miscellany.—A fine specimen of *rhizomorpha subterranea* has lately been discovered in Hertford, England, attached to the under surface of an oaken slab, which had been part of the covering of an old well, for 11 years. The rhizomorphous plants are exceedingly rare in England, but are often found in mines, pits, hollow trees, &c., on the Continent.—Messrs. Lea & Blanchard, of Philadelphia, have in press, "The Practice of Medicine," by Professor Geddings, and a Medical Account of the Springs of Virginia, by Professor Gibson.—Deaths in Hartford, Conn., in 1839, 181, exclusive of the Almshouse and W. Hartford.—We perceive that the excellent address of our respected correspondent, Dr. Miner, to the students of Yale College, which was noticed and copied from in the Journal, has reached London, and been very favorably noticed in some of the periodicals there.—We understand that Dr. Fuller, physician of the Retreat for the Insane in Hartford, Ct., has resigned his office, and intends to establish himself as a practising physician in town.—A Stated Meeting of the Counsellors of the Massachusetts Medical Society will be held at their room, Athenæum buildings, Pearl street, on Wednesday, Feb. 5th, at 11 o'clock, A. M.

Whole number of deaths in Boston for the week ending Jan. 25, 26. Males, 12—females, 14.

Of consumption, 4—smallpox, 8—fits, 2—lung fever, 2—varioloid, 1—palsy, 1—old age, 1—apoplexy, 1—typhous fever, 1—scarlet fever, 1—dropsy on the chest, 1—infantile, 1—sudden, 1—stillborn, 8.

MEDICAL TUITION.

The subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the pratice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by - - - - - - -	Dr. Smith.
Surgery, by - - - - - - - - - - - - - - - -	Dr. Stedman.
Theory and Practice of Medicine, by - - - - - - - - - -	Dr. Perry.
Midwifery, Diseases of the Chest, and Demonstrations on Morbid Anatomy, at the Hospitals, by } - - -	Dr. Bowditch.
Materia Medica and Chemistry, by - - - - - - - - - -	Dr. Wiley.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.

M. S. PERRY, C. H. STEDMAN, H. G. WILEY,
H. I. BOWDITCH, J. V. C. SMITH.

Jan. 29—ep1meoptf

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by **Joseph Roby**, M.D.
Theory and Practice of Physic, by **John Delamater**, M.D.
Obstetrics, by **Ebenezer Wells**, M.D.
Chemistry and Materia Medica, by **Parker Cleaveland**, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is $50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

P. CLEAVELAND, *Secretary.*

Brunswick, Me. Nov., 1839. N 27—eop6t

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

VERMONT ACADEMY OF MEDICINE.

Lectures will commence in this institution on the second Tuesday of March, 1840, and continue thirteen weeks.

Theory and Practice of Medicine, by **Horace Green**, M.D., N. Y. City.
General and Special Anatomy and Physiology, by **Robert Nelson**, M.D., St. Albans, Vt.
Chemistry and Pharmacy, by **James Hadley**, M.D., Fairfield, N. Y.
Principles and Practice of Surgery, by **James Ryan**, M.D., Philadelphia.
Materia Medica and Obstetrics, by **Joseph Perkins**, M.D., Castleton, Vt.
Medical Jurisprudence, by **Ralph Gowdey**, M.D., Middlebury, Vt.

The fee for all the courses is $50. Matriculation fee, $5. Graduation fee, $15.

Castleton, Vt., Jan. 1840. J 15—tM JOSEPH PERKINS, *Registrar.*

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with **Pure Vaccine Virus**, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE

BOSTON MEDICAL AND SURGICAL

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CASE OF APOPLEXY.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. Clement, aged 68, rather plethoric and corpulent, has always enjoyed good health, excepting the last two or three months, when she complained of numbness and coldness of the left superior and inferior extremities.

Nov. 20th, 1839, Mrs. C. had an attack of apoplexy. I saw her in about two hours after the attack; found her nearly senseless, and the left half of the body paralytic. She constantly applied the right hand to the right side of the head, indicating pain or distress in that region. She was quite comatose, and if left undisturbed appeared to be in a profound sleep; but when roused, would make signs for water, and put out the tongue when requested. Breathing laborious and rather stertorous.

The patient was bled freely from the arm, a brisk cathartic was given, assisted by an enema; cold applications to the head, and revulsions to the feet and ankles.

21st, nine o'clock, A. M. Patient rather worse, notwithstanding the cathartic had operated freely, and a large loss of blood from the arm, during the night, in consequence of the bandage becoming loose. At six o'clock, P. M., pulse very strong and full, complete hemiplegia, breathing laborious. Bled again about thirty ounces before the breathing or pulse was affected. Applied a blister to the right side of the head, gave another cathartic, assisted by injections.

23d. Patient very much worse; coma so great that she could not be roused, breathing stertorous, pulse flagging, pupil insensible to light, and the evacuations involuntary. 24th. Patient died.

Inspection—In the presence of, and assisted by, my students. The skull was removed after the usual manner. The membranes healthy; the exterior of the brain appeared natural, excepting a great degree of hardness, which extended throughout its whole substance. The dissections were commenced by removing the left hemisphere by successive slices, until on a level with the corpus callosum. An opening was made into the ventricle, and the parts in its cavity brought to view, perfectly healthy, excepting a degree of hardness. The right hemisphere was managed in the same way; but the appearance of the ventricle was entirely different; its cavity was distended with dark coagulated blood, the size of a hen's egg. After the blood was removed, the interior of the cavity appeared like pus in color and consistence. The color and softening of the brain extended in every direction from the cavity of the ventricle; but much less, towards the septum lucidum. The following bodies, in the cavity of the ventricle, had entirely lost their consistence, and in part their shape, by the extensive ramollissement; viz., the lateral portion of the fornix, corpus striatum, hippocampus major and minor, and dipping down into the fourth ventricle and destroying, in part, the thalamus opticus.

In making transverse and longitudinal sections of the right side of the brain, after the minute examination was made, the ramollisement and yellow color could, in many places, be traced to the cortical portion of the brain. No further examination made. T. Haynes.

Concord, N. H., January, 1840.

THE INFLUENCE OF THE MIND ON PHYSICAL ORGANIZATION.

BY JOHN CLOUGH, M.D., NEW IPSWICH, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

An extraordinary discovery, or an innovation of any kind, seems to electrify the world, and the public mind is at once thrown into violent commotion, evincing in a striking manner the dissimilar and paradoxical composition of the human mind. Like the pendulum of a clock without a regulator, it is never allowed to vibrate within the bounds of utility, but is constantly driven at random, until a reaction is produced and the whole affair, more frequently than otherwise, consigned to a complete state of rest.

In those points which never can be clearly demonstrated, but must inevitably remain in obscurity, man delights to wander. By his vivid imagination he creates a little world to himself; his fancy so enormously magnifies his vision, that he adopts such theories as best suit himself, and by strong natural prejudices, urges them upon the world with an ardor and enthusiasm just in proportion as the subject may be ridiculous. However absurd any new doctrine may appear, however it may shock and disgust rational beings, it will have its followers and its advocates; and this may fairly be considered the great and principal cause of every new wonder which comes before the world. The public mind, in its present unenlightened condition, demands it, and proffers a reward to the innovator infinitely beyond what can be realized from any honorable avocation. The bloated and overgrown theorist believes, or affects to believe, that no one but himself is right, however at variance he may be with the generally received opinions of the most candid and scientific men.

Take a retrospective view, and go back in thought to the period when history commenced, and you will find man has ever delighted in the discovery of new and fanciful theories, and to traverse the boundless labyrinth of speculation. New theories are built upon long ago demolished ones, and new doctrines are continually germinating in the imaginary views of those who have feasted bountifully upon the prejudices of antiquity, and whose crooked reason and distorted judgment have ever delighted to bask in the sunshine of aerial dreams.

It will not, perhaps, be entirely uninteresting to allude to the effects of *magic, incantation, amulets, and holy relics.* These had their influence in an age of extreme ignorance and superstition—when the darkness which shrouded the human mind was so thick that it could be even felt. The charming of newly made wounds was effected by repeating, as it was said, some particular words backwards. Amulets were provided by the people to render themselves invulnerable to disease, and to ward off the tormenting influences of witches; and the relics of holy men were made sacred for the purpose of curing the most inveterate diseases. Anything which pertained to these holy departed worthies, which, by association, could be made to produce strong excitement, was considered an agent in working the wonderful effect. The sick were sometimes removed to the tombs of these departed saints, and by touching only the finger-nail or the bone of a finger, a cure would be effected. This latter mode had an additional influence upon such subjects in restoring them to health. Being in the midst of the consecrated dead, they were endued with feelings of reverential awe, which added solemnity to the farce, and made the deception operate more effectually.

In connection with this, I cannot omit to mention a circumstance which occurred in this town (New Ipswich), not thirty years since, nd similar occurrences probably occurred in many other towns in New England. This was disinterring a human body, which belonged to a family all strongly predisposed to consumption, for the purpose of removing the heart, which was burned, the ashes of which were considered a sovereign remedy to those of the family who were still living, and might be afflicted with the same disease. This only illustrates the fact that those elements of character which held such a magic sway over the minds of men in ancient times, have not ceased altogether to influence the community in our comparatively enlightened day.

I cannot pass over this part of the subject without a brief notice of *animal magnetism*, and the deception practised by Perkins with his *metallic tractors.* To give only a synopsis of the proceedings and results of Mesmer and his disciples, would occupy too much time. I need only say that it illustrates, in a remarkable manner, the wonderful influence of the imagination. This subject has been so much discussed before the public of late, that all have some knowledge of it, and are also acquainted with the fact that Dr. Franklin and others were successful in discovering the imposition which was practised on the nervous and ignorant. Although the fraud practised by Mesmer and others was so completely exposed, and so palpably proved to be a mere chimera of the imagination, fostered by ignorance and superstition, we see Perkins coming forth only about fifteen years after the introduction of Mesmer's project, with a new discovery, which, he alleged, would supersede anything yet offered to the public in healing diseases, and for which he not only received a patent with royal letters, but a large donation from government.

The plan of Perkins was to use *metallic tractors,* which were to be pointed at the diseased part, and drawn gradually over it, and under the magnetic power of these *tractors* the disease would be subdued. This pretended discovery had the semblance of plausibility, on account of its having been brought before the public at the time when Galvani had just made his discovery, and which so startled the scientific world, in its effects upon the nervous system of dead bodies. Wonderful and astonishing effects were produced by the metallic tractors; diseases of the most inveterate kind yielded to their influence. Pamphlets were published, setting forth the wonder-working influence of this plan in curing diseases—newspapers teemed with certificates carrying evidence to the same effect. In fine, the people, everywhere, were enraptured with it; but like other schemes of this kind, it has now long been consigned to the tomb of all the Capulets. The farce was completely detected by Dr. Haygarth, who proposed that *wooden tractors* should be constructed and painted so as to resemble the metallic, and applied in the same manner. Accordingly several individuals were selected who were suffering from chronic diseases, and who were assured that their cases would yield to the *tractors*, which, on experiment, proved true. Others were constructed of lead, &c., and whenever benefit was really expected, it was alike accomplished with the *wooden, leaden* or *metallic tractors.*

As we approach our own time, we see the same influences operating on the community, though in some respects in a modified manner, according as the people are better educated and more enlightened. Those elements of mind which conduce to this state of things appear to be original in man's constitution. A seeking after something which does not exist, is a characteristic of man; and so strong is his hope of obtaining it, that he is ready to forego anything for the sake of an experiment. We see this verified even now in the use of patent medicines, with their flaming advertisements—in the homœopathic system, which is identical with Mesmerism and Perkinsism; and last, though not least, in Grahamism. People are gravely told that their stomachs are so delicate that they can digest only such and such articles of food; and that other kinds, which they have eaten all their lives without injury, produce unpleasant symptoms and diseases which are minutely detailed. In this way, persons who before scarcely knew they had a stomach, are soon brought to experience all the symptoms in the exact order in which they were related. Thus diseases are really produced by taking certain kinds of food, aided by the mind, and are as effectually cured in the same way.

In taking this partial view of what has passed, we should be instructed not to follow too hastily any new doctrine, however pure and real it may seem to our limited experience. Its rays may illuminate our path, but be scarcely less delusive to us than the empty ignis fatuus is to the bewildered traveller.

The influence of imagination, in aiding the happy effects of medicine in curing disease, should not, however, receive our unqualified censure. Too many facts are before us, and many others might be adduced, to show what I hope has already been proved. The influence of the imagination has indeed wrought many wonderful and important changes in the nervous and vascular systems, independent of those medicines which are considered specifics. For instance, bread pills have been known to operate as a cathartic, when given with a confident assurance that they would operate as such.

How ought we to act, then, if such surprising effects are produced by *inert* remedies through the action of the mind, when we administer *real* medicines? Shall we allow the medicine to produce only its mechanical effects, without calling into aid the strong powers of the imagination; or shall we inspire the mind with all reasonable hope, combined with this the proper use of medicines, to effect our object? It is well known by many, that the same medicine has dissimilar effects on the same individual, in the same disease, when administered by different individuals. Here are lessons to be learned by the young practitioner who, with high hopes, goes forth into the world to do his great work upon the stage of action.

During the siege of Broda, in 1625, the soldiers were dreadfully afflicted with the scurvy. The Prince of Orange hearing of their distress, and fearing unfavorable consequences might result, hit upon an expedient to effect a cure. He sent letters, accompanied with a few phials of medicine, which he promised would afford the most speedy and happy relief. This information was made public, and all were eager to use the new medicine, which had, as was stated, been procured at great expense, and a few drops only were sufficient to medicate a great quantity of water. The results of this fraud were truly wonderful. Health, cheerfulness and vigorous activity were the speedy effects. They boasted of being cured by the Prince's remedy, when all other remedies had been of no avail.

Dr. Haygarth observes, "The patient ought always to be inspired in the best manner possible with confidence in any remedy which is administered; but if a favorable opinion of it cannot be obtained, and especially if there be a marked prejudice against it, another though less powerful medicine should be preferred."

How often do we hear of the marvellous cures which are performed by the dexterous empiric. His medicines, though nearly powerless, are recommended with magnificent and unqualified promises, which so affect the weak and credulous that wonderful cures are the result—cures which the most scientific practitioner had failed to accomplish. Here the empiric too often receives the unqualified censure of the profession for calling into aid a class of remedies of the most powerful kind, to which the regular practitioner often attaches too little importance. When high hopes are held out to some persons, the mind is at once stimulated to new exertions—a new train of thoughts is exchanged for those of a morbid and monotonous character, and the physical system so sympathizes with the shock, that disease is driven from its empire, and health resumes its original throne.

After all that has been said in this article, there may be, and undoubtedly are, many individuals who are not susceptible of such changes in the physical system by the influence of the mind; and some even may be incredulous how these important changes are effected by such influences alone. But such is the fact, as we have clearly seen; and though we can trace it from cause to effect, we cannot detect the silent operations in the process, and must rest satisfied with mere hypothesis as to the result, which each one is at liberty to frame for himself. We have a familiar example of instantaneous change in the bloodvessels of the face and neck, produced by sudden emotions of the mind; such as the blush of modesty and the paleness of fear. In blushing, the capillaries are suddenly engorged. The distention of vessels occurs in other organs to a much greater extent by voluptuous thoughts.

It is now understood that the action of mind is treated of as depending upon a physical organ; that organ is the brain, the great centre of the nervous system, from which all the nerves ultimately proceed. In their ramifications they may be considered as so many little messengers, carrying to and from the brain every sensation we realize. The command is given by the brain, and the mandate is instantly obeyed. It may well excite our wonder and admiration, to see how beautifully and inscrutably mind and matter are blended.

It may be a matter of honest inquiry by every medical man, after thus viewing the subject, how far he should attempt to influence his patient through the operations of the mind. It will not be my object to show whether a man may ever use deception or not—whether to do a greater good he may do once a little evil. The popular notion, however, is that a physician has this privilege, and would be justified on the same ground that a man would be who should snap his tobacco box in a dark night to alarm the highway robber. On the other hand, some of the most able divines contend that it is utterly opposed to the spirit of the divine law to do the least wrong that good may come; and here I might quote St. Paul to the same effect.

A physician may, however, promise his patients, in the strongest terms, that they will recover, with the same propriety that he administers cathartic medicine with a full assurance that it will operate as a cathartic, if he finds a like result—that is, if he finds that promises operate through the mind to cure diseases as uniformly as castor oil operates as physic, he is at liberty to use them as remedies, under a *judicious* administration.

The old maxim that drowning men catch at straws, is philosophically correct, and should admonish every practitioner of the importance of being circumspect in all his conduct while in the sick chamber. It is not uncommon for patients, however sick, to be found keenly alive in noticing every movement, and especially is this the case when the physician is present, in order to discover, if possible, either in his looks, actions or remarks, his views in relation to their case. Here the physician should be doubly on his guard, as the smallest affair will be very much magnified by a sick and enervated person; or it may be misconstrued.

Finally, a physician should study to make himself as interesting as possible to his patients, by kind looks and soothing expressions. In the examination and collecting of the symptoms, he should be familiar without being bold, attentive without affectation, complacent without ostentation, all which being blended with the judicious administration of medicines, he will often have the ineffable happiness to know that he has been instrumental in disarming disease of its power, and restoring health and happiness to the afflicted.

NOTICE OF THE WILLOUGHBY UNIVERSITY AND SOME OTHER MEDICAL COLLEGES.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Now that I have returned again from the West, you will pardon me, I presume, if I give some account, in your Journal, of my tour, and of some of our medical schools.

Soon after my return from Dartmouth, where I gave a course of lectures upon medical botany and medical jurisprudence before a class of seventy-eight students, I set out for the University of Lake Erie, at Willoughby, Cuyahoga County, Ohio, with the medical department of which I am connected as Professor of Materia Medica, Pharmacy and Medical Jurisprudence. My journey was most delightful. I arrived at Cleveland on the ninth morning from my departure from Deerfield, in Massachusetts, a distance of about 650 miles. The autumn, up to the 25th of October, had been remarkably mild and warm, and it continued so till some time into November. The latter part of summer had been warm and sultry, and intermittent and other fevers had been much more common through the region of country which I traversed, than they had been for several years before. In particular I understood that fever and ague had been extremely prevalent along the whole northern shore of Lake Erie; and I was informed that the complaint prevailed almost as an epidemic throughout nearly the whole of the southwestern States. It also prevailed considerably in Cleveland, Willoughby, Painesville, and several other places in northern Ohio, which have heretofore been, and are now, as healthy as any places of their size in New England. The causes inducing intermittent fevers are now principally removed, and the Western Reserve, the Fire-lands, and many other parts of Ohio, are now as healthy as any part of the Union. A more sober, industrious and intelligent population can hardly be found in any section of our country, than that of those regions. The inhabitants are principally from New England.

Soon after my arrival at Willoughby, I understood that a greater number of applications had been made by students to attend the Medical College this year than last, notwithstanding the tremendous pressure in money matters at the West, which I have no doubt has restrained great numbers of students from attending our school this season. As it is, there was considerable gain in our ranks this year. Then we numbered forty. This year our catalogue will probably contain fifty or more, as students were coming in, even when I left, after a course of two or three lectures a day for nearly four weeks. In all the medical schools in which I have lectured, viz., at Berkshire, Fairfield, Hanover and Willoughby, where I have always had fine and highly interesting classes, I have never met with one which appeared to be more intelligent and gentlemanlike than this. This certainly speaks highly in favor of Ohio, and of the other States in the Valley of the Mississippi which patronize this growing institution.

All the regular medical schools in the Valley, viz., the Ohio and Willoughby Medical Colleges, the Transylvania and Louisville in Kentucky, and the medical school at New Orleans, are destined to have a most important bearing upon the destinies and upon the lives and health of the inhabitants of this great basin, probably containing at this moment more than seven millions of inhabitants. Who that has reflected upon this subject for a moment, can doubt the necessity of these schools, located as they are, and acting, as I have reason to hope they do, in concert and harmony. There certainly appears to be no reason why they should quarrel with each other.

We have every reason to be satisfied with our school at Willoughby. Our location is as good as could be wished, as there is no other medical school west of us in the Union, none in Upper Canada, and none in New York nearer than Geneva, which is several hundred miles distant. The public, too, have abundant reason to be satisfied with the faculty of this College. Dr. Delamater has lectured with unbounded applause in at least seven of our highly respectable institutions, and he is at this moment connected as a professor with Dartmouth Medical College, Bowdoin Medical College, the College of Physicians and Surgeons in the Western District of New York, and the University of Willoughby. No man can be more popular with all his students than he is. He carries his own praise with him. Dr. Trowbridge is very extensively known as a surgeon in western New York, Upper Canada, Ohio and Michigan. He was the principal surgeon on the Upper Canada border, during the last war. He has published interesting cases in some of our Medical Journals, and he is accumulating facts in his common-place book, relating to some of the most important cases which have fallen under his observation, and particularly upon the diseases of the hip-joint, a new method of treatment for which he is about to promulgate. His name, also, gives popularity to the school. He is now settled at Painesville, Geauga County, Ohio, on the borders of Lake Erie, and he extends his ride over the Western Reserve and even farther. Dr. Ackly is a most indefatigable anatomist. His museum is good, and he gives great satisfaction to the class. Dr. Cassells is a graduate of the University of Glasgow, in Scotland. He has a fine apparatus, and he gives universal satisfaction. It affords me great pleasure to state that the cabinet of natural history is well fitted up. The minerals and the birds are in glass cases. We hope soon to have a specimen of every bird, animal, fish, &c., which is to be found in the western valley. Thus we have no fears of the success of this rising institution.

Without enumerating the names of the other eminent professors in the Ohio Medical College, that of Mussey is sufficient to guarantee the success of that school. The number of students there, I understand, is about 120. Although the practice of physic is not regulated by law in Ohio, yet the good sense of her physicians in establishing county medical societies, which will soon result in a State society, will refute the obloquy which has been thrown upon her on this account. Even Massachusetts and Pennsylvania, two of the most erudite States in the Union, in medical lore, are in the same predicament with Ohio. They have no law regulating the practice of medicine.

Transylvania School, at Lexington, Kentucky, has long stood, in point of numbers, at the head of all the medical schools west of the Alleganies. With such a faculty as she now sustains, she will long retain her proud pre-eminence. The number of her students, I understand, is 240. Dr. Drake alone has talents sufficient to sustain the Medical School at Louisville. She now numbers 180 students. I am not personally acquainted with the professors at New Orleans, but I understand they are men of eminence, and that the medical school there is well sustained. With such prospects and encouragements, what is to prevent the great west from rivalling her older and richer sisters of the east. Their motto is from David Crockett, "Go ahead."

On my return, while in the neighborhood of Geneva, I was informed by a physician that the number of students at that medical college was about 70. I will not vouch for the correctness of this statement. The number of students in the College of Physicians and Surgeons at Fairfield, I understand, was 116. While at Albany I called upon my friend Dr. T. R. Beck, of that College. He is collecting statistics of all the medical schools in the Union, and giving the numbers of the students who have attended lectures in the different medical colleges in the United States for the last ten or more years, and the number of all who have graduated. It will be a most interesting document, when finished. He gave me his printed notes as far as he has completed them, for which I feel under great obligation to him. He has published his list for thirteen schools, and he has matter on hand for many more. I called also, while at Albany, at the Albany Medical College, and was very politely treated by Drs. March and Armsby, two of the professors in that school. Dr. Armsby showed me the anatomical museum, containing many of the new German preparations of the brain, eye, ear, neck, &c., of porcelain and wax, which were certainly very correct and beautiful. The other parts of the museum, and the cabinet of natural history, were extensive. I attended part of a lecture from Dr. March, and should judge there were 80 or 90 students, perhaps more, and perhaps less.

I have just received a catalogue of the Geneva Medical College, from Dr. Coventry, by which it appears that 87 medical students attended the course the present session. From a notice in the Saturday Evening Post, it appears that there are 450 medical students attending medical lectures in the University of Pennsylvania. From a correspondent, a professor in the Medical College at New York, I understand that that college is flourishing—the number of students about 100. Your Journal, Sir, if I rightly recollect, mentioned that the Berkshire Medical Institution had about 50 on its catalogue. The number at Boston, I understand, is 74. I am expecting soon to hear from Philadelphia and the South, when I hope the list will be pretty full for this year.

Very respectfully yours,

Deerfield, Jan. 16, 1840. STEPHEN W. WILLIAMS.

PECULIAR CASE OF ENTERITIS—IMPERFORATE RECTUM.

At a late meeting of the Kappa Lambda Society, of New York, Dr. Hoffman presented the following interesting account of a case, in which strangulation had taken place in a portion of the ileum, producing such complete obstruction that the fluid contained in the upper portion could not be made to pass into that below, and exhibited the morbid specimen illustrating the case.

At 9, P. M., Saturday, June 12, 1839, was called to visit, in consultation with Dr. Green, a Captain F., who had arrived here from a port in Massachusetts a few days previously, in a brig under his command, and in good health. I learned that his bowels had been freely opened on Thursday morning, and that, in the afternoon of that day, he had been seized, without any assignable cause, with a severe pain in the right iliac region, which continued, with occasional vomiting, during the night, and that on Friday he sent for Dr. Green, who, with the intention of evacuating the bowels, had had recourse to bleeding, calomel, tobacco, and other injections, croton and castor oil, but without effect; and that about an hour before my visit, he had used a vapor bath, by seating the patient over a tub of warm water into which heated bricks were immersed, which had induced a general and free perspiration, with mitigation of the pain. Some of the calomel and the last two doses of castor oil had been retained on the stomach, and *after ascertaining that no hernial protrusion* existed to account for the symptoms, we agreed to leave the patient undisturbed, and to see him again in two hours (at 11 o'clock). After this interval, the medicine had not operated per anum; the vomiting had recurred, and the distressing pain of which he complained was referred more especially to the epigastric region, which, with the abdomen generally, was hard and sensible to the touch; pulse frequent and tense, respiration anxious, face suffused and of mahogany color; feverish heat of skin, thirst, with a preference for hot drinks, with feelings of great prostration of strength and restlessness. Apprehending inflammation of the peritoneal coat of the intestines, and the patient being of middle age, good constitution, and temperate habits, venesection was repeated, and was borne, while sitting up, to the extent of from 24 to 30 ounces, before any decided effect was produced on the pulse. To relax the bowels, calomel and ipecac. in 10 gr. doses, were directed to be taken every two hours during the night. The following morning (Sunday) we found that our patient had had some sleep, had vomited less frequently, and had retained three doses of the medicine. There was less heat of skin, but increased frequency of pulse; the bowels still locked up, tense, and tender to the touch. Eighteen leeches were directed to the epigastric region, to be followed by a warm poultice. Twenty grains of calomel, two drops of croton oil, infusion of senna in small doses frequently repeated, copious enemata of tepid water, and of strong infusion of senna, and tobacco injections, were resorted to during the day and evening, without procuring any fæcal discharge. He now expressed a wish for cold in preference to hot drinks, and ice was prescribed, and taken with avidity. At bed-time, an epispastic was ordered to be applied to the region of the stomach, and a suppository of 10 grs. of good extract of stramonium was introduced into the rectum. Divided doses of Seidlitz powders were directed to be given during the night, and brandy and water, if the skin became cold. At 6, A. M., on Monday morning, we learnt that he had vomited frequently during the night, that no discharge had taken place from the bowels, and we found him sinking with symptoms of gangrene of the bowels, without having had any fæcal discharge from the commencement of the attack; the vomiting was not stercoraceous. He died at 8, A. M., the same day.

Autopsy, four hours after death: abdomen incompressibly hard, and not very tumid; a thick layer of adipose substance covered the abdominal muscles, which were rigid and deeply colored. On incising the peritoneum, a bloody serum flowed out, and the small intestines protruded forcibly, presenting a dark-red appearance. On exposing the cavity, the omentum was found contracted; the transverse colon and stomach entirely concealed by the distention of the small intestines, and forced into close contact with the diaphragm, which reached up to the 4th rib. The stomach contained very little fluid, but the jejunum and ileum were enormously distended with a stercoraceous fluid. On tracing and laying them aside, a strangulation in a portion of the ileum was found in the right iliac fossa, appearing as if a knot had been tied in the intestine, and the obstruction was so complete that the fluid contained in the upper portion could not be made to pass into that below. A membranous band, resembling in its texture the mesentery, about 2½ inches in length, extended from the anterior face of the colon just above its valve, and connected itself with the surface of the ileum, opposite to the attachment of the mesentery to that bowel, and beneath this, a duplicature of the ileum had passed and become strangulated as in hernia, causing approaching gangrene and the death of the patient.

Imperforate Rectum.—Dr. Hoffman also read the following case, in which he operated with success.

On the 9th inst., was called on by the family physician to visit a male infant of Mrs. P. He informed me that the child was born on the Thursday preceding, and had not had any discharge from the bowels; that the anus existed, and was pervious to about half an inch, and the rectum closed, so as to prevent the passage of a probe or bougie, or any fluid injection. I found the belly swelled, and the child crying, as if in much distress, and vomiting frequently. With the extremity of the finger introduced into the anus, a complete septum could be felt, but no impression was made on the finger by the straining efforts of the child, which made it more doubtful if an incision or puncture could remove the obstacle. A trocar used for paracentesis was guided by the end of the finger and carried upwards and a little backwards for an inch or more, when the resistance ceased, and the stilet was withdrawn, tinged with meconium. The canula was then carried fully up, and meconium discharged through it. The pipe of a glyster syringe was now introduced, and some cold water injected, which was followed by a copious discharge. There was very little blood lost, and no very unpleasant symptoms followed. The child is thriving and in good health.—*N. Y. Med. Jour.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 5, 1840.

MEDICAL DEPARTMENT OF THE U. S. ARMY.

THE Surgeon General, Thomas Lawson, M.D., in his late report to the Secretary of War, which, with a multitude of other documents relating to the army, &c., accompanies the late message of the President, and was communicated to Congress, is a very concise and plain spoken paper, though wholly destitute of flattering unction towards the medical institutions of the country. If some of the young graduates are lightly esteemed for their scientific acquirements, those who control the schools from whence their honors were derived, must wince under the severity of this public functionary's critique upon the ready mode of manufacturing doctors in "every town, village, and cross-road place, throughout our States and Territories." The following is an extract from the report.

"The facilities of acquiring medical knowledge, or rather of becoming professional men, are so great, that many persons are seduced into an attempt to become physicians, without the basis of an education. There are others, again, who having received a good primary education, and also passed through a regular classical or collegiate course (and thereby rendered qualified for scientific pursuits), are induced from motives of economy and convenience, or with the view of sustaining institutions of their own State, to enter some of the small medical schools, where they cannot possibly have the advantages of anatomical instruction (the ground work of the profession), or the means of clinical instructions upon an extended scale. A knowledge of the science of medicine is not, like divinity and law, to be acquired by reading books in the closet, and listening to the reading of a course or two of lectures; it can only be attained by seeing and feeling, in connection with the knowledge acquired from books.

"The great multiplication of medical schools in every section of the country, together with the proverbial facilities of becoming licensed practitioners, has so lowered the standard of professional excellence, and so manifestly degraded the medical character of the United States, that the present system will be, it is to be hoped, by a more enlightened public opinion ere long put down. The interest of the country is so much divided by these various institutions, and the patronage to each is consequently so small, that many of our ablest medical men will not accept places in them; were it practicable, however, for the professors to obtain adequate compensation for their services, it would be impossible to find professional men enough of talents and attainments to occupy the several chairs in the innumerable medical schools in every town, village, and cross-road place, throughout our States and Territories."

This will answer for a beginning. The statistical parts of Dr. Lawson's report are particularly valuable; but we cannot find room for extended extracts in the pages of the Journal. He does not believe a word about the terrible destruction of human life in Florida, by the scourge of a pestilential climate, which we have been taught was the case by the public press. These are the Surgeon General's own words:

"From our observations it is found that the troops which have taken the field from southern stations, have suffered less from sickness, and lost fewer men by disease, since they came into Florida than while they were stationary at their posts. Nor have the corps from the North suffered from disease and death to the extent that is generally believed.

"The reports in this office, from every section of the United States, show this result; and as I am satisfied with the fact, I deem it to be my duty to correct an error of opinion that seems to pervade the country to the manifest injury of the military service."

The following items, relating to the sickness in the army in 1839, will be found interesting.

"The number of cases of indisposition which have been under treatment by the medical officers of the army and private physicians temporarily in the service of the United States, during the last twelve months, was 22,849; 22,248 of which occurred within the past year; 649 being cases that remained of the preceding year. Of the whole number of persons reported sick, 21,940 have been restored to duty, 131 have been discharged the service, 55 have deserted, and 214 have died; leaving, on the 30th of September, 1839, 909 still on the sick report.

"From the monthly returns and other reports it is estimated that the aggregate mean strength of the army for the last year was 8,950; and as the number taken sick during the year was 22,248, and the aggregate of deaths was 214, it will appear that the proportion of cases of disease to the number of men in service was as 2½ to 1, or 249 per cent.; the ratio of deaths to the number of men as 1 to 42, or 2 4-10 per cent.; and the proportion of deaths to the number of cases treated as 1 to 107, or a fraction less than 1 per cent."

It appears that, with characteristic industry, Dr. Lawson is preparing a report on the vital statistics of the army, and the medical topography of the military stations, extending back for twenty years, which will be put to press, should their publication be required by Congress or by the War Department.

Dr. Hamilton's Introductory Lecture.—Those who read this Journal will recollect the notices which have been given, from time to time, of the medico-literary productions of Dr. Hamilton, of Auburn, N. Y., who, the last season, was elected to the chair of surgery in the College of Physicians and Surgeons, at Fairfield.

Within a few days a copy of the introductory discourse delivered by him at the opening of the present lecture term in that institution, has been received. Most of Dr. Hamilton's writings have been characterized by a peculiar terseness and originality of thought, which never failed to delight those who were so fortunate as to get possession of them. This pamphlet, however, is wholly unlike the doctor—we do not recognize a single expression characteristic of the man. That energy and vivacity which were the charm of his former productions, are here altogether wanting. And yet, as an historical essay, it is quite unexceptionable. It is a complete catalogue of American Surgeons, from Dr. Walter Russel, who in 1608 accompanied Capt. John Smith up the Potomac, down to names of no immortality in the annals of surgery, of the present day. Perhaps an introductory of this kind was the most appropriate and useful to a class of medical students, from the department of surgery; but we confess ourselves somewhat disappointed in not discovering, page after page, as expected, bold figures, brilliant conceptions and striking illustrations.

In these remarks we are certainly not influenced by a jealous disposition, or a single feeling of unkindness, for we unhesitatingly declare ourselves one of the warmest of Dr. Hamilton's admirers. All is, had he launched out into open sea in his accustomed manner, without the embarrassing recollection that a corporation was on board, we verily believe Dr. H. would again have shown himself equal to any undertaking within the boundaries of that science of which he is a distinguished ornament.

Health Office of New York.—A. Sidney Doane, M.D., formerly of Boston, has been appointed by Gov. Seward, Health Officer of the city of New York, which is probably the most lucrative medical appointment in the United States. Dr. Doane is eminently well qualified for the station—and with regard to varied high professional attainments, he is not surpassed by any man of his age in this country. Profitable as the office is acknowledged to be to the incumbent, we look upon it as a sacrifice on the part of Dr. Doane, who could not have failed to have realized, ultimately, in the city of New York, where he was fully appreciated, a circle of practice, the value of which would have been altogether greater than the income of the department in which his services are secured for the next three years.

Medical Institution of Yale College.—The annual examination of candidates for medical degrees and licenses was held in New Haven, at the close of the course of Lectures in the Medical Institution of Yale College. Of the Board of Examiners there were present, on the part of the Connecticut Medical Society, Silas Fuller, M.D., President of the Connecticut Medical Society, and ex officio President of the Board; Thomas Miner, M.D.; Luther Ticknor, M.D.; Dyar T. Brainard, M.D., and Earl Swift, M.D.;—and on the part of the College, the Professors in the Medical Institution. Dr. Brainard, a member of the Board, delivered an able and interesting address to the candidates, on Tuesday, the 21st ult., in presence of a crowded audience of ladies and gentlemen, comprising many distinguished citizens. The examination was continued during the three following days; when fifteen young gentlemen, who had attended at least two courses of lectures, and on examination were found worthy of the Degree of Doctor in Medicine, were admitted to this degree by the President of Yale College; and three who had attended one course of lectures, and on examination were found qualified for licenses to practise physic and surgery, received diplomas from the President of the Medical Society.

Graduates.—Francis Augustus Brewster, Hampton, Ct., *On the Theory of Disease.* Wm. Conant Catlin, Bethlem, Ct., *On Variola.* Wm. Brintnall De Forest, New Haven, Ct., *On the Morbific Influence of the Depressing Passions.* Francis Lemuel Dickinson, Colchester, Ct., *On Digitalis Purpurea.* Myron Reed Hubbard, Salisbury, Ct., *On Infantile Remittent Fever.* James Howard Hutchins, Pomfret, Ct., *On Traumatic Hemorrhage.* Pliny Adams Jewett, New Haven, Ct., *On Contraction of the Chest, consequent to internal disease.* James Edward Fisher Macdonough, New Haven, Ct., *On Diervilla Tournefortii.* Edmund Randolph Peaselee, Hanover, N. H., *On Uniformity of Temperature as a Remedy and Prophylactic.* Felippe Franco De Sa, Brazil, S. America, *On Intermittent Fever.* Azariah Smith, Jr., Manlius, N. Y., *On the physical signs of Diseases of the Chest.* Samuel Gilbert Smith, Mt. Washington, Mass., *On Scrofula.* Louis Watson, East Windsor, Ct., *On the*

Efficacy of Strong Impressions. Daniel Webb, Buffalo, N. Y., *On Delirium Tremens.* Francke Williams, Hartford, Ct., *On Uterine Hemorrhage.*

LICENTIATES.—Moses Botsford Beers, Newtown, Ct., *On Digestion.* John Craig, Rochester, N. Y., *On the Cyanuret of Potassium.* Cornelius Hanford Schaps, Brooklyn, N. Y., *On Arthrodynia.*

Dental Science.—A dentist, of considerable eminence, in speaking of the American Journal of Dental Science, the other day, said that "there was too much pap in it." The inference probably was, that the editors were dealing too much in the elementary matters of the profession. Those who understand the mysteries of the dental art, know more about the value of this observation than ourselves. We have always considered it exceedingly creditable to the enterprise of the editors, Dr. Harris, of Baltimore, and Mr. Parmly, of New York, that they should succeed so well in a matter so novel in this country as the maintenance of a journal wholly devoted to the service of dental operators. If it is not precisely what each one would have it, the most certain method of improvement would be for each member of the craft to contribute liberally to its pages.

Medical Miscellany.—The whole number of deaths by smallpox in this city up to Saturday last, the 1st inst., was 99.—Dr. Lewis amputated the leg of the boy, at Charlestown, Mass., whose case was detailed in this Journal some months since; and on examination of the part after the operation, came to the conclusion that the disease was a malignant fungoid tumor.—Dr. Birch, a superintending medical officer of the East India Company's service, in a topographical report on the Neilgherries, a distant mountain race of people, in speaking of the chicken pox, to which they are subject, says that "only one symptom appeared, which is not noticed in medical works, viz., pustules on the tongue, protruding like enormous red papillæ, through a thick white coat of fur on the surface."—In the course of one year after Mr. Brett, the surgeon, arrived in Calcutta, he established a hospital in which several thousand operations were performed —and some of them were never surpassed in importance in any part of the world. So much for individual enterprize.—Dr. Stribling, of Staunton, Virginia, late Superintendent of the Lunatic Asylum in that place, was stabbed on the 15th, by an insane man belonging to the institution, and had the main artery, say the papers, completely severed. The vessel was taken up, by a surgeon, immediately, and the doctor is hopefully recovering.—Two vessels have arrived at New Orleans, from Boston, having the smallpox on board. The disease has also appeared in Illinois. It prevails at Chicago, St. Charles, and Napierville.—Scarlet fever is represented as alarmingly rife at Philadelphia.—The mortality in Boston, in 1839, according to the report in our last No. was nearly 1 in 43—last year about the same; in Nantucket, in 1839, 1 in 50; in Concord, N. H., 1 in 67; in Salem, 1 in 80. In Exeter, N. H. (population, in 1830, 2759) deaths the last year 30; 7 only under 10 years, and 8 over 70 years. Dr. Alcott rates the average annual mortality in N. England, as 1 in 41: the average of the above, embracing city and country, is 1 in 60.—On p. 375 of this Journal, for Dr. *Daniel* D. Wilcox, read *David.*

Whole number of deaths in Boston for the week ending February 1, 44. Males, 24—females, 20.

Of consumption, 9—smallpox, 12—lung fever, 2—intemperance, 3—canker in the bowels, 1—old age, 2—infantile, 3—child-bed, 1—convulsions, 1—drowned, 1—dropsy on the chest, 1—cancer, 1—liver complaint, 1—brain fever, 1—disease of the heart, 1—sudden, 1—varioloid, 1—marasmus, 1—stillborn, 2.

VERMONT MEDICAL COLLEGE.

The next annual course of Lectures at this Institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Chemistry and Materia Medica, by **David Palmer**, M.D.
Theory and Practice of Medicine and Obstetrics, by **Henry H. Childs**, M.D.
General and Special Anatomy and Physiology, by **Robert Watts, Jr.**, M.D.
Principles and Practice of Surgery, by **Gilman Kimball**, M.D.
Medical Jurisprudence, by **Hon. Jacob Collamer**, A.M.
Pathological Anatomy, by **Robert Watts, Jr**, M.D.
Demonstrator of Anatomy, **Samuel W. Thayer, Jr.**, M.D.

Terms for the course, $50.—Graduation, $18.—For those who have attended two courses, but do not graduate, $10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in this village, on reasonable terms.

The new edifice, with large, convenient, and comfortable lecture rooms, will be in readiness for the reception of the class the next term.

By order of the Board of Trustees,
Woodstock, Vt., Jan. 3, 1840. J. 8—eoptM15 N. WILLIAMS, Secretary.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructers.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

Anatomy.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

Surgery.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

Chemistry.—Recitations and instructions by Dr. Storer.

Physiology and Pathology.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

Midwifery.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

Theory and Practice of Medicine, Clinical Instruction, and Materia Medica, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
Boston, Nov. 20, 1839. ep1meop6m D. HUMPHREYS STORER,
OLIVER W. HOLMES.

MEDICAL TUITION.

The subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

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